Intimate Partner Violence in Conflict and Post-Conflict Societies: Insights and Lessons from Northern Ireland

REPORT 2018

Intimate Partner Violence in Conflict and Post-Conflict Societies

Insights and Lessons from Northern Ireland

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Acknowledgements

We would like to extend our sincere thanks to the management and staff of Women's Aid Federation Northern Ireland who were instrumental in organising and facilitating the research, and who supported us throughout the research.

We are very grateful to the sixty-three women who took the time to meet with us and tell us of their experiences of living with intimate partner violence.

We are also very grateful to the professionals who participated in interviews and provided us with many valuable insights on their experiences working with intimate partner violence.

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This report is an output from The Political Settlements Research Programme, funded by UK Aid from the UK Department for International Development (DFID) for the benefit of developing countries. However, the views expressed and information contained in it are not necessarily those of, or endorsed by DFID, which can accept no responsibility for such views or information or for any reliance placed on them.

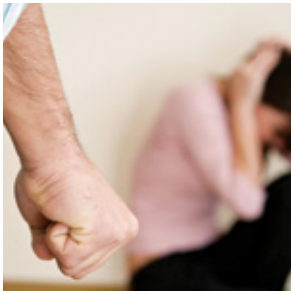
Executive Summary

This report summarises women's experiences of intimate partner (domestic) violence (hereafter IPV) in Northern Ireland; the implications of IPV for physical and psychological well-being; its impact on children; and how experiences of IPV are shaped by violent political conflict, religion and culture. The report also records how service providers such as General Practitioners (primary care doctors), social workers and police officers respond to IPV and how helpful victims find these responses. A particular focus of this report is on the changes that have taken place in Northern Ireland over the last few decades, including the transition from violent conflict to a peaceful political settlement.

This report is based on findings from more than 100 qualitative interviews with women victims/survivors of IPV from across Northern Ireland conducted at two junctures: first in 1992; and latterly in 2016. It provides up-to-date information on the experiences of and responses to violence against women in intimate relationships in Northern Ireland today, and investigates key similarities and differences in experiences of and service responses to IPV between 2016 and 1992. Below, we outline the conclusions and recommendations from this research.

“This report is based on findings from more than 100 qualitative interviews with women victim/survivors of IPV from across Northern Ireland.”

Experiences and impact of IPV



▶ A high degree of control is exerted in IPV relationships and this is linked to the social isolation of participants. For 2016 where prevalence was recorded, 54 of the 63 study participants (86%) reported that their partner had prevented them from seeing or contacting their families and friends. Forty eight participants (of 63; 76%) reported that their partner needed to know their whereabouts at all times.

▶ Sexual violence in intimate partner relationships is much more prevalent than official statistics suggest. Almost half of study participants in 2016 (29/63; 46%) reported that they had been raped by their intimate partner (this issue was not recorded in the 1992 study).

▶ IPV has significant implications for physical and psychological well-being and a victim's capacity to engage in society. More than three quarters of participants in the 2016 study (49/63; 78%) reported that IPV had disrupted their income-generating activities such as employment and education, as well as hobbies and leisure activities. The controlling behaviour of the perpetrator and impact of abuse had serious negative effects on the physical and psychological well-being of participants.

▶ A substantial link exists between IPV and poor mental health. Forty eight participants (76%) in the 2016 study reported that they had suicidal thoughts, and 15 (24%) reported that they had attempted suicide as a result of IPV. Three quarters of participants in the 2016 study (47/63; 75%) reported that they had become depressed as a direct result of IPV, 39 of whom (62%) were on prescribed medication.

▶ The impact of IPV on children was also very severe. More than one third (36%; 29/59) of mothers in the 2016 study reported that their children had experienced violence from their partner. The studies also show the negative implications of IPV for the capacity of children to engage in society and to reach their full potential with both studies linking IPV to a range of negative physical and psychological outcomes for children.

IPV, violent conflict and conservative social norms

▶ The demobilisation of paramilitary groups (non-state armed groups) has had positive outcomes for victims of IPV in Northern Ireland. The 2016 study found that perpetrators of IPV were no longer able to draw readily on paramilitary connections (real or fictitious) to control their intimate partners as they were in 1992.

▶ There was a significant increase in access to policing for participants between the studies, and particularly for participants from Catholic, nationalist/republican communities. Participants from these communities were more inclined to contact the police in 2016 compared to 1992 and police were more able to respond to IPV calls from these communities. The research findings also show that this increased access to policing has reduced the power of paramilitary groups to 'police' IPV (through threats to and punishment of perpetrators) in these communities.

▶ While the use of firearms in IPV incidents was a main finding of the 1992 study, only two participants reported their use in 2016. The results also highlight the seriousness with which police now deal with the use of legally held firearms in IPV situations.

▶ The 2016 findings show the changes in religious attitudes with fewer participants showing concern about the reaction from clergy. However, the findings also show the extent to which social attitudes often underpinned by religion still exert a strong influence on decision-making processes and help-seeking for IPV in Northern Ireland. More specifically participants in the 2016 study, like those in the 1992 study, reported experiencing stigma and/or feeling shame for being a lone parent, for separating from or divorcing a (violent) partner, and for having children with different fathers. Such attitudes were reported by almost half (24/53; 45%) of participants in 2016 whom further stated that these attitudes prevented them from disclosing IPV and/or leaving IPV relationships.

> “Increased access to policing has reduced the power of paramilitary groups to 'police' domestic violence.”

Support for victims of IPV

▶ Both studies recorded poor responses from General Practitioners (GPs) to IPV. Approximately two thirds of participants in both studies whom had visited their GP whilst experiencing IPV (32/48 in 2016 and 21/30 in 1992) stated that their GP was 'not helpful' in relation to it. The reason for this was the perception among participants that their GP was uncomfortable in discussions about IPV, lacked sufficient knowledge to identify IPV, prescribed anti-depressant medication without enquiring into the causes of the depression, and/or that they were rushed out of busy GP surgeries without time being provided to discuss what was happening. Despite GPs being the professional group with whom participants had the most contact, the research shows that a major opportunity is being missed in the help-seeking process.

▶ Appraisals of social worker responses to IPV were largely negative for both studies with participants reporting that social workers focused on child protection issues which left mothers feeling a sense of failure in relation to their children, while at the same time social workers were pressing contact between children and fathers with a history of violence.

▶ The results underscore the extent of improvement in policing response to IPV between the studies with a 37% increase in the proportion of participants describing the police as 'helpful' and a 44% decrease in the proportion of participants describing them as 'not helpful'. More participants in 2016 also reported that the police took official actions (e.g. arrests, issuing cautions) in response to IPV than in 1992. Participants did however raise concerns regarding a perceived lack of police response to psychological violence. Concerns were also expressed about the inconsistency in the enforcement of protection orders.

Recommendations deriving from research findings

1. An understanding of intimate partner ('domestic') violence that incorporates coercive and controlling behaviour related to threats of harassment and psychological abuse alongside physical violence, is crucial to addressing IPV. The findings suggest that psychological violence and coercive control are not being taken seriously and this needs to be addressed urgently by the introduction of legislation incorporating this offence in Northern Ireland. Other measures in this regard include additional training for service providers on indicators of coercive control, and public awareness campaigns to increase awareness alongside curriculum-based education on psychological abuse and control.

2. The findings show how IPV is linked to the limited participation of women in society. Efforts to enhance gender equality and promote women's participation in social, economic, and political life should seek ways to reduce the impact of IPV.

3. The link between poor mental health and IPV needs to be considered in healthcare policies and provision. GPs in particular are well placed to enquire whether the person experiencing depression and other mental health issues is also experiencing violence and control by their partner. GPs need more effective and appropriate training on detecting and addressing IPV and on appropriate referral for victims of IPV.

4. Rights and safety skills for children/young people in schools, training courses and codes of practice for childcare/education staff and relevant professionals should be introduced to enhance awareness on the impact of IPV on children. The research also points to the need for a review of policy in relation to child custody and access arrangements where the issue of IPV arises.

> The link between poor mental health and IPV needs to be considered in healthcare policies and provision.

5. Policy measures that help to challenge IPV through education, public awareness campaigns and training for service providers should be increasingly resourced. Codes of practice should be designed for identifying, recording, and responding to IPV across health and social service professions alongside training materials to ensure consistency of good practice.

6. The findings show that the decommissioning of illegally held firearms and regulation of legally held ones, alongside the process of demobilisation, disarmament and reintegration (DDR), have significant implications for women experiencing IPV. These should be considered in political settlement negotiations and resource allocations because, to date, these processes have predominately focused on other issues.
The findings show how a more representative, transparent, accountable police service has a positive impact on responses to IPV, which also has relevance for police reform in other societies emerging from conflict.

7. The findings show how conservative views in a society which stigmatise women (in particular) and classify IPV as a private family issue, present a significant barrier to getting help for and/or leaving violent relationships. Policy measures to address IPV should take account of this, and education, public awareness campaigns and training for service providers should take a gender sensitive approach which seeks to tackle gender stereotypes/norms.

Section One

Background

Intimate partner violence (IPV) or domestic violence (DV) refers to a pattern of threatening, controlling, coercive behaviour, violence or abuse (financial, physical, psychological/emotional, sexual) used by adults or adolescents against their current or former intimate partners. This type of violence can occur among heterosexual or same-sex couples and is experienced by both women and men, although studies show that the majority of violence and abuse in relationships is from men to women (Breiding, Chen & Black, 2014; Department of Justice, 2013). IPV is increasingly recognised as a major public health problem associated with a wide range of serious physical and psychological effects for victims of IPV and their children (World Health Organization (WHO), 2012). While IPV is a global phenomenon[i], experienced by individuals from all backgrounds and societies, empirical studies have shown how experiences and patterns of IPV are shaped by the social, political, cultural and economic factors that exist in a given society.

Legislative, policy and professional responses to IPV vary in different societies and these determine the level of assistance and protection available to victims of IPV. Certain factors have also been shown to increase the prevalence of IPV in a society and several of these have particular relevance for the study of IPV in Northern Ireland. These include a history of violent conflict as well as the influence of conservative religious and social norms (McWilliams & Ní Aoláin, 2013; McWilliams, 1998). On this basis, context-specific empirical research on IPV is important to understand and address IPV in Northern Ireland, but is also has value for the wider analysis of how IPV shapes and is shaped by social, political, cultural and economic factors.

The Northern Ireland study discussed here has the additional value of its longitudinal aspect, comparing research on IPV undertaken (using identical methods) at at two junctures: first in 1992; and more recently in 2016. In so doing it sheds light on changes to experiences and patterns of IPV between the study periods and, crucially as there is no research on this issue, changes as society in Northern Ireland has transitioned from violent conflict to a peaceful political settlement.

> IPV is increasingly recognised as a major public health problem associated with a wide range of serious physical and psychological effects for victims of IPV and their children.

The aim of the research was to investigate IPV in Northern Ireland focusing on three issues, which are (1) experiences of IPV and its impact for victims and their children; (2) the influence of political and societal level factors (violent conflict and conservative and religious social attitudes); and (3) professional responses to IPV. The core questions guiding the research were:

1. What are women's experiences of IPV in relation to physical, psychological/emotional, financial and sexual abuse in Northern Ireland?
2. How does IPV impact on victims of violence and their children?
3. What are the implications of IPV for an individual's capacity to participate in society?
4. How are experiences of and responses to IPV shaped by the social and political factors that exist in Northern Ireland?
5. How do service providers (such as GPs, social workers, and police) respond to IPV and how helpful are their responses to victims of violence?
6. What are the similarities and differences between the research findings from 2016 compared to 1992?

The findings presented here show the myriad experiences of IPV, providing a range of information on how victims of violence engage with those tasked with responding to IPV. They also reveal how key social and political factors impact on experiences of and service responses to IPV. Many of the social and political factors identified as influential in the Northern Ireland context also have relevance for other societies. The research draws our attention to the ways in which violent conflict shapes IPV, and while this has been an issue of increasing policy and research interest, there have been few studies of IPV and violent conflict, none of which have taken a longitudinal approach (Cardoso, Gupta, Shuman, Cole, Kpebo, & Falb, 2016; McWilliams & Ní Aoláin, 2013).

This is important because longitudinal studies are one of the most reliable methods we have for assessing changes to experiences and patterns of IPV following a peaceful political settlement (Clark, et al., 2010). The findings from Northern Ireland therefore have implications for research on IPV violent conflict more widely, and, and for policy measures to address IPV in other conflict-affected and post-conflict societies (e.g. Colombia, Nigeria, Sierra Leone, South Africa). The findings on service responses to IPV also have relevance for other societies with similar criminal justice, health and social service systems and structures. Finally, in exposing how victims experience IPV and its impact (both direct and indirect), the research also contributes to our wider understanding of these issues. For instance, while research on IPV (Crowne et al, 2011) has focused on its impact on women's exclusion from social, political and economic life and the implications of this for gender equality, this study is one of the few to examine how the relationship between IPV and exclusion is mediated[ii].

> “Longitudinal studies are one of the most reliable methods we have for assessing changes to experiences and patterns of IPV.”

The layout of the report is as follows:

Section One

Provides some background information on Northern Ireland, the methods and design of the research and biographical data on the study participants.

Section Two

Gives an overview of victim experiences of IPV and identifies the key reasons for remaining in or leaving IPV relationships. It also provides material on the emotional/psychological, physical, sexual, and financial abuse that victims experienced as well as the physical, psychological and social impact of IPV on their children.

Section Three

Offers an in-depth analysis of how experiences of IPV and help-seeking are shaped by social, religious and political factors in Northern Ireland particularly in relation to the presence and legacy of violent conflict.

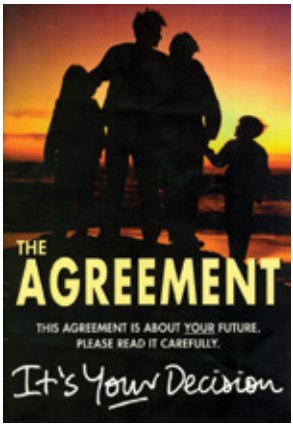
Section Four

Examines service responses to IPV, detailing victim experiences with key professional groups, namely GPs/doctors, social workers, and the police.

The Northern Ireland context

Northern Ireland, part of the United Kingdom (UK), lies in the north-eastern quadrant of the island of Ireland. In 2011, the most recent census year, Northern Ireland had a population of 1,810,863, a figure which constitutes approximately thirty percent of Ireland's total population and about three percent of the UK's population.

Northern Ireland came into existence in 1921 as a result of the partitioning of Ireland, with the Republic of Ireland becoming a state in its own right while Northern Ireland remained part of the UK. Given that a sizeable Catholic minority in Northern Ireland remained politically and culturally aligned with the independent Irish state on the southern side of the border, the ethnic and religious polarisation between the two communities – the Protestant, British majority (unionists, loyalists), and the Catholic, Irish minority (nationalists, republicans) – was present from the inception of Northern Ireland.



This polarisation was embedded in the hostility between the two groups, with a thirty-year period of violent conflict (referred to locally as the 'Troubles') running from 1968 to 1998 (Tonge, 2002; Todd & Ruane, 1996). The conflict came to an end formally in 1998 with the signing of the Belfast Agreement (also known as the 'Good Friday Agreement') and the establishment of a devolved power-sharing government in which both nationalists and unionists have to be represented. Aside from the new constitutional and governance arrangements for Northern Ireland, the reform of the criminal justice system and policing, the decommissioning of weapons, the demobilisation of armed groups and the reintegration of prisoners, alongside issues of equality and human rights, were central to the Belfast Agreement.

While the peace agreement and peace process have reduced political violence in society significantly, and transformed Northern Ireland in many ways, ethno-national antagonisms have remained strong, divisions and mistrust continue to exist, and there have been intermittent episodes of political violence with some of the existing paramilitary groups refusing to disband and new groups emerging to replace those on ceasefire (Ashe, 2012; 2007; Northern Ireland Executive Panel Report, 2016).

Concerning the extent of IPV in Northern Ireland, the absence of regular large-scale survey data renders it difficult to reliably ascertain prevalence. Among the most reliable sources of statistical information on IPV in Northern Ireland are the annual reports of the Police Service of Northern Ireland (PSNI), which detail the number of domestic violence[iii] incidents reported to police and are set out for the years 2004/5[iv] to 2016/7 in Table 1 in the Annex. Prior to this, statistics were not recorded in the same (and thus comparable) format, but it is worth noting that the closest available official statistics to the 1992 study, for the year 1995/6, put the number of domestic violence incidents reported to the police (then Royal Ulster Constabulary, RUC) at 5,903 (Royal Ulster Constabulary, 1995/6). The most recent figure of 29,166 for 2016/17 represents the highest level recorded and is 39.2 percent higher than the level of 20,959 when consistent recording began in 2004/05 (PSNI, 2017a). Nevertheless, this is still likely to be an underestimation given the tendency among victims not to report to the police (PSNI, 2015, p. 31).

This underestimation is supported by data from the 2011/12 and 2015/16 Northern Ireland Crime Surveys (NICS), which found that around one in every five to six women experience domestic violence (Women's Aid, 2015; Department of Justice, 2013). The rate for men was considerably lower; around one in every ten to twelve (Department of Justice, 2013). In terms of the impact of IPV, at the most extreme end of the spectrum, domestic homicides account for, on average, one in every four murders, manslaughters and attempted murders in Northern Ireland (Northern Ireland Policing Board, 2011; Devaney, 2013). The other serious physical effects of IPV, as well as the psychological and social effects are discussed with reference to the research findings below.

Research Design

> Surveys have recorded that around one in every five to six women in Northern Ireland experience domestic violence.

As the 1992 study by McWilliams and McKiernan (published 1993) was used as the base comparator for the 2016 results, the methodological approach of the 2016 study mirrored that of the 1992 study. Both studies used qualitative research methods, and identical approaches to sampling and data collection were employed. These approaches were also considered to be the most appropriate fit for the nature of the research and its aims and objectives. The method of data analysis, however, did differ slightly for the two studies. For the 2016 study, qualitative data was coded and also quantified to assess the prevalence of issues raised among study participants; this was not done consistently for the 1992 research. This means that quantitative comparison between research findings is limited to a few core issues and, therefore when the results from the 2016 and 1992 studies are compared, this is mainly done qualitatively.

The main form of data collection for both studies was semi-structured interviews and a non-probability sampling strategy was used to identify potential participants, taking care to include women[v] from across different age groups[vi], geographic locations, religious, ethnic, and economic backgrounds. As with the previous study, Northern Ireland Women's Aid Federation (hereafter referred to as Women's Aid) partnered the research, assisting with the recruitment of women from across their refuges and outreach centres and providing support to participants during and after interviews[vii].

A total sample size of around 60 women victims of IPV was sought, which was consistent with the 1992 study, and the final sample size was 63 women. These interviews were then supplemented with information gathered through a second stage of interviews with 27 representatives from the main professional groups approached by victims of violence for support. These include criminal justice agencies, social services, healthcare providers and non-governmental organisations (NGOs) and voluntary groups, although only the three main groups contacted by victims of violence (GPs, social services and the police) are discussed in the context of this report. It is worth noting that not all of these groups could be reached for interview, and it proved impossible, for instance, to obtain the participation of enough GPs to form a composite picture of their experiences working with victims of IPV despite the researchers going to significant lengths to recruit them.

In terms of the background of study participants, all participants in the 1992 and most participants (47/63) in the 2016 study were from Northern Ireland. Other participants in 2016 came from England, Eastern Europe, the Middle East North Africa (MENA) region, and Asia. Four participants in the 2016 study and three in the 1992 study were from the Traveller community. Participants ranged in age from 18-81, with the largest group for 2016 aged between 40 and 49 years, and for 1992 between 30 and 39 years.
Most participants in both studies came from either Catholic or Protestant backgrounds, with 28 participants from Catholic and 24 participants from Protestant backgrounds in the 2016 study, compared to 31 and 22 for the 1992 study.

Other participants in the 2016 study came from mixed Catholic-Protestant, Muslim, Methodist and Baptist backgrounds (and others unlisted, see Table 2 in the Annex).
Most participants in both studies had already left the violent relationship at the time of interview, 55 for the 2016 study and 50 for the 1992 study. This meant that eight participants in 2016 and six in the 1992 study were still in the violent relationship, although many of these had previously left the relationship on at least one occasion (see below). Table Two in the Annex provides an overview of participants in the 2016 study[viii].

> Key issues explored included any barriers to seeking help at a local and community level.

The main body of interviews took place between February and June 2016. The interview guide developed for the 1992 study was updated so as to ensure its contemporary relevance, and edited slightly to explore key issues related to the transition from violent conflict in Northern Ireland. More specifically, the interview guide explored the following key themes: (1) experiences and impact of IPV; (2) the impact of the Northern Ireland context on IPV; and (3) assistance sought from family and friends; and from formal service providers. In relation to the Northern Ireland context, key issues explored included any barriers to seeking help at a local and community level, including the presence/impact of conservative and religious social attitudes, and matters related to the security situation in Northern Ireland such as the decommissioning of weapons (disarmament) and paramilitary presence in communities among others. Interviews were recorded using a digital recorder and in the few cases where participants did not want an interview recorded one of the researchers took detailed notes throughout the interview. In order to ensure the safety of participants, protect their right to privacy and increase openness and frankness[ix] the anonymity of study participants was maintained at all stages. Upon completion, all interviews were transcribed verbatim and were then reviewed in-depth by researchers with data systematically coded by recording the prevalence of key themes (codes) in a spreadsheet.


HELP

Section Two

Experiences and impact of IPV

The research underscores the severity of physical, psychological, sexual and/or financial violence experienced by women in their intimate relationships in Northern Ireland. Most participants in the study had experienced each of these forms of IPV, generally on a frequent basis and lasting the duration of the relationship, although for some women it continued even after leaving the relationship through custody and divorce proceedings. The negative impact of this violence on an individual's physical and psychological well-being and their capacity to pursue an active and fulfilling life were evident. Participants reported that they had become isolated from their family members and friends, left their jobs, sustained serious and occasionally life-threatening physical injuries, endured sexual violence, suffered from depression, anxiety and other negative psychological outcomes and in several cases attempted to take their own lives.

"The research underscores the severity of physical, psychological, sexual and/or financial violence experienced by women in their intimate relationships in Northern Ireland."

Context: Overview of experiences

For most participants in the 2016 study, the violence started early in the relationship (see Annex, Table 3) but not immediately, and there was a general feeling among participants that the violence only started when they were not in a position to leave the relationship easily, such as after marriage/moving in together (22/63; 35%), or getting pregnant with or having their first child (25/63; 40%). For twelve participants (19%) the violence had started from the very beginning of the relationship, while four participants (6%) stated that it started late in the relationship. Most participants had stayed in the violent relationship for more than 20 years (23/63; 37%), or for one to five years (also 23/63; 37%).

For the former, the violent relationship was usually their only relationship (20 of 23 reported this) and they were married at a young age (22/23).
This means that many of the participants in the 2016 study had their entire adult lives marked by violence. As mentioned, an equal number of study participants, that is 23 (of 63; 37%) stayed in the violent relationship for one to five years. Of the remaining 19 participants, eight (of 63; 13%) had stayed in the violent relationship for six to 10 years, six (of 63; 10%) for 11 to 15 years, and three (of 63; 5%) for 16 to 20 years (see Annex, Table 4).

By comparing these findings to the 1992 findings, it can be seen that more participants in the 1992 study began to experience violence early in the relationship - 26 of 46 participants[x] (57%) in the 1992 study compared to 12 of 63 (19%) in the 2016 study, while fewer began to experience violence after their first pregnancy/birth – eight of 46 (17%) participants in the 1992 study compared to 25 of 63 (40%) for the 2016 study. The proportion of participants first experiencing violence after getting married to/moving in with their partner and late in the relationship was relatively consistent between the studies (see Annex, Table 3).

Perhaps connected to the fact that most participants in the 1992 study began experiencing violence early on in their relationships prior to marriage or having children, was that they also tended to stay less time in violent relationships. For instance, while only two participants in the 1992 study (4%) had spent more than 20 years in a violent relationship, 23 participants (37%) in the 2016 study had.

> “Most participants in both studies had more than one reason for not leaving their violent relationship.”

Considering the reasons for remaining in violent relationships, most participants in both studies had more than one reason for not leaving (see Annex, Table 5). These were common to both studies: concern for children (cited by 17/63 of 2016 and 16/56 of 1992 participants respectively), fear of partner (12/63 and 13/56), and attitudes towards marriage (5/63 and 7/56). Differences were observed in the proportion of participants reporting that they remained in the violent relationship due to reliance on their partner[xi], with far more participants in the 2016 than the 1992 study citing this as a factor (19/63 compared to 8/56), and that they remained in the relationship because of feelings of shame/self-blame and fear of family reaction, with more 1992 participants citing this as a factor (18/56 and 7/56 compared to 11/63 and 3/63 respectively).

One potential reason for the decrease in the proportion of participants reporting feelings of shame/self-blame and fear of family reaction as reasons for remaining with a violent partner between the studies is the shift in conservative and religious social attitudes towards marriage between the study periods. This is commented on below. Another explanation relates to a more general global shift in attitudes towards IPV whereby it is seen increasingly as a public concern and a human rights violation, and explanations for IPV have evolved to focus more on the perpetrator as opposed to the victim (Meyersfield, 2010). Finally, eight participants (13%) in the 2016 study said that they did not realise they were experiencing IPV and thus did not leave the violent relationship whereas none of the participants in the 1992 stated this.

A likely explanation for this is that these participants in the 2016 study were in relationships without physical violence and cited the absence of physical violence as the reason they did not identify IPV, whereas all participants in the 1992 study were in physically violent relationships.

Given the importance of identifying the barriers to leaving and reasons for remaining in IPV relationships for the development of policies/measures to address IPV, the following interview excerpts are provided from the 2016 study:

'Leaving wasn't a choice. I knew he wouldn't leave me alone. I knew he wouldn't leave the kids alone. He always said he would kill me if I left him.'

(Interview, May 2016)

'You know you've no savings, you've no money. ...and the house is in his name [only], so what do you do? Where do you go? [I had] never heard of Women's Aid.'

(Interview, April 2016)

'Maybe baby number one is on the way, maybe baby number two is on the way...And where do you go? You're there for some stability; for a cover over their heads... I wanted to keep a roof over my children's heads'

(Interview, May 2016)

'I just thought that it must be me, that I was not good enough or... I was just a weak woman or being silly or "pull yourself together". Nobody seems to really understand emotional abuse, they don't realise how undermining it can be.'

(Interview, May 2016)

'I supposed I stayed because...well, I just felt like that like I've had different kids with different fathers and "Oh all the shame is on me.'

(Interview, March 2016)

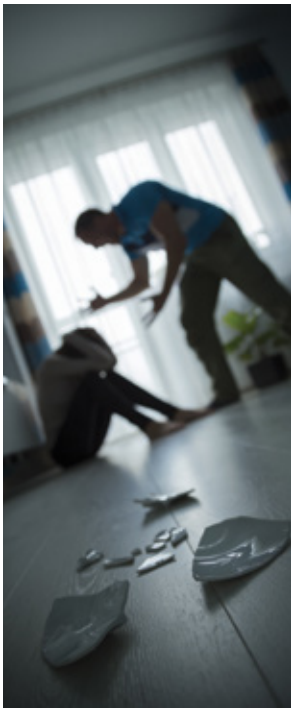
Emotional/Psychological IPV and Control

Considering first emotional/psychological violence, some of the most common experiences of emotional/psychological IPV and control (hereafter psychological violence) among participants for the 2016 study are recorded in Table 1 below. Table 1 shows the number of participants reporting each behaviour, and the percentage this forms of the study cohort. The prevalence of experiences of psychological violence were not recorded for the 1992 study, however the findings were similar and most of the experiences reported below were also recorded in the 1992 study (see McWilliams and McKiernan, 1993: 35).

Table 1:

Experiences of emotional/psychological IPV and control for 2016 study

Insulted or put down	62/63	98%
Stopped from seeing or contacting friends and family	54/63	86%
Partner needed to know her whereabouts in a way that goes beyond general concern	48/63	76%
Partner jealous	43/63	68%
Threatened by partner	39/63	62%
Locked in or out of house or not allowed to leave house	35/63	56%
Calls/texts/online activity monitored or restricted	35/63	56%
Followed/stalked by partner	30/63	48%
Partner threatened to take away children	29/63	46%
Sent abusive messages by partner	20/63	32%
Partner threatened suicide if she left	18/63	29%
Partner threatened to hurt children	16/63	25%
Partner threatened to hurt family member/friend/ someone else she cares about	16/63	25%
Partner turned children against her	9/63	14%
Not allowed to use phone/car	7/63	14%
Partner chose/restricted what she was wearing	7/63	11%
Made to think she was 'going crazy'	6/63	10%
Partner threatened to hurt pet	4/63	6%
Forced to pray	1/63	2%
Prevented from practicing religion	1/63	2%



The striking feature from the results as reported in Table 1 is the high proportion of participants who had experienced many different forms of psychological violence in their relationships. For instance, 62 of 63 participants in the 2016 study (98%) had been insulted and/or belittled by their partner, 54 (86%) had been prevented from seeing their family members and friends, and 48 (76%) reported that their partner needed to know their whereabouts at all times. Each of these issues was also raised by participants in the 1992 study and the following extracts provide typical examples of the level of control participants were subject to:

> 'He would always put me down; saying "you can't do this", "you don't know how to do that", "that's not done right"...slip in a nasty comment, you know, "you're not going to wear that...look at the shape of you", "you're fat", "the size of you", or "you're putting on weight."
> *(Interview, April 2016)*

> 'Even when I wasn't with him, from eight o'clock in the morning to twelve o'clock at night my phone [would have] beeped constantly with [messages like] "where are you?", "what are you doing?", "who are you with?"
> *(Interview, May 2016)*

With regard to isolation from family and friends, most participants reported that this was carried out surreptitiously and the following extract provides an example of this:

> 'You know when people say did he keep you from your friends? It's not like he said "you are not going out with that friend", he didn't do that. It's more like, I'd get a friend and go out with them a few times and then he would start saying things like "aww she fancies you" or "she's a bad influence on you", or "she said such-and-such about you", and then I wouldn't feel comfortable [anymore] and I wouldn't be friends with her [anymore]. Then it would be another person, and another person, and another person... and before you knew it yeah I was on my own.'
> *(Interview, March 2016)*

Participants in both studies - almost half (30/63; 48%) for the 2016 study - reported that they had been followed or stalked by their partner on at least one occasion. Where a difference was observed between the studies was in the use of mobile phones and/or social media for this purpose. Thirty-five participants (56%) in the 2016 study reported that they had their mobile phone calls, text messages, and/or online activity monitored or restricted by their partner who controlled whom they called, whom had their phone number, as well as checking their messages/emails frequently. This was not raised in the 1992 study and points towards shifts in how control is enacted in IPV relationships with the increasing use of technology. Several participants in the 2016 study, particularly younger participants, stated they did not recognise their partner's constant phone calls or text messages as a form of IPV initially and instead took it as a sign of affection:

> 'Looking back, I knew there was something wrong with him, but...I thought he was just trying to make me stay with him all the time because he loves me and wants to spend time with me. But it wasn't that, he was just...controlling.
> *(Interview, February 2016)*

> There is a need for education for young people on the indicators of what constitutes an unhealthy relationship in relation to IPV.

This points to the need for education for young people on the indicators of what constitutes an unhealthy relationship in relation to IPV. In addition to this, participants in both studies – almost half (35/63; 55%) for the 2016 study – reported that they had been locked in their house, locked out of it, or forbidden from leaving by their violent partner:

> 'If I went on a night out with my friends, which was only twice a year, when I would come home I wouldn't be able to get in the door. He would have put the keys in the other side of the door and I'd be locked out. It was my punishment you see.'
> *(Interview, March 2016)*

> 'I never had a key to the house, in [almost 30] years. If he went out at night, he would lock me in.'
> *(Interview, February 2016)*

For most of the participants, each of these controlling actions was linked to jealousy on behalf of their partner, which was consistent between studies. Forty-three participants (68%) in the 2016 study reported that their partner became angry if they spoke to other men and/or regularly accused them of being unfaithful, while participants in the 1992 study also reported that their partners were excessively jealous and possessive. Across both studies, participants reported that an outcome of this was to make them avoid social situations in which they might encounter men as exemplified by:

> 'I just didn't go out in case any men looked at me'.
> *(Interview, March 2016)*

A final common experience of psychological IPV raised by more than half of participants in the 2016 study was the use of threats as a form of control to prevent a victim from leaving a violent relationship. This could be a threat from a perpetrator to physically harm a victim (reported by 39/63 or 62% of participants in the 2016 study), to hurt a loved one such as another family member (16/63, 25%), to take away the children (29/63; 46%), or a threat made by a perpetrator that they would commit suicide if the victim left them (18/63; 29%). Some of these issues were raised by participants in the 1992 study, such as the threat to take the children from the mother. Other forms of psychological violence and control were more marginal among participants, though no less impactful, and include a partner turning the children against a victim, isolating them by preventing them from having access to a car (mentioned mainly by participants from rural areas), controlling what they could wear, making them think they were 'going crazy', or forcing a partner to pray or preventing them from practicing their religion.

This isolation, intimidation and control was often cited by participants as the 'worst part' of IPV and the aspect that participants most frequently stated stayed with them the longest (Interview, May 2016). For participants across both studies, control did not stop after the participant left the relationship, but continued, for example, through child custody proceedings, divorce proceedings and the sales of assets among others. The implications of psychological violence and control for participants, and in particular for their capacity to engage actively in social, political, and economic life is an issue of key importance and is discussed in detail below.

“Isolation, intimidation and control was often cited by participants as the 'worst part' of IPV.”

Physical IPV

Forty-five participants (of 63; 71%) in the 2016 study reported that they had experienced physical IPV, mostly on a frequent basis, with 37 (59%) sustaining serious injuries. For the 1992 study, all participants had experienced physical violence, 30 of whom (54%) had sustained injuries from it. The full range of injuries sustained by participants in the 2016 study is recorded in Table 2 below. For the most part, the prevalence of injuries among participants was not recorded for the 1992 study although, as with experiences of psychological violence, the findings were strikingly similar, with most of the injuries reported in Table 2 also being recorded in the 1992 study (see McWilliams and McKiernan, 1993: 35).

Table 2:
Injuries from physical IPV for 2016 study

Bruises/black eye	32/63	51%
Throat/neck injuries from choking/strangling	14/63	22%
Broken bones	10/63	16%
Hair pulled out	6/63	10%
Head injuries	5/63	8%
Stab wounds	3/63	5%
Miscarriage/damaged baby	3/63	5%
Burns (including with bleach)	3/63	5%
Knocked unconscious	2/63	3%
Bruised bones	2/63	3%
Internal (vaginal) injuries	2/63	3%
Split lip	2/63	3%
Internal bleeding	2/63	3%
Fractured bones	2/63	3%
Fractured eye socket	2/63	3%
Loss of teeth	1/63	2%

Participants across both studies had endured serious assaults resulting in broken bones, injuries from choking and strangling, stab wounds, burns (including from bleach), fractured eye sockets, miscarriage or pregnancy complications, as well as internal injuries to reproductive organs as a consequence of sexual violence.

> Reports of physical violence and injuries between the studies highlights the continuity in the severity of physical IPV endured by women in Northern Ireland.

The following extracts from the 2016 and 1992 studies provide some insight into the serious physical injuries sustained by participants. The similarity in these reports of physical violence and injuries highlights the continuity in the severity of physical IPV endured by women in Northern Ireland across the years:

> 'He slapped me so hard across the face that I fell to the floor. Then he pinned me down and [started] trying to strangle me. He said "I'm going to kill you, you bitch", and I just remember thinking, "oh my God I'm not going to see my kids again"... Cause I thought he was going to kill me because I literally couldn't breathe'.
> *(Interview, June 2016)*

> 'I lost three babies [because of the violence]. The last one was really traumatic for me because... well, he beat me on purpose so that I lost the baby. I tried to run away from him [that time] and so he beat me on my face and he actually tried to pull my eyes out. He broke my eye socket... it was terrible.'
> *(Interview, April 2016)*

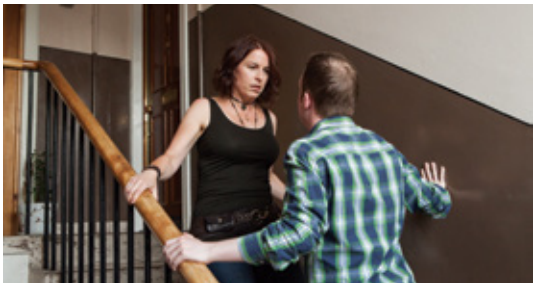
> 'He trailed me round the house. We had these, you know, drawers and wardrobes that had brass handles on them and he just trailed me by the hair, banged my head off everything. At this stage I was about three or four months pregnant... And he brought a Stanley knife and he said 'if you ever do that (go to the police) again I'll mark you for life'.
> *(McWilliams and McKiernan, 1993: 34)*

The level of violence experienced by participants is revealed by the prevalence figures from the 2016 study which record that around one in every two participants (32/63; 51%) had sustained bruises, one in every four (14/63; 22%) had sustained neck or throat injuries from strangling[xii], and one in every six (10/63; 16%) had a bone broken.

Given the gravity of the injuries detailed above, the majority of participants in both studies – 34 of 63 (54%) for 2016 and 30 of 56 (also 54%) for 1992 - reported they had required medical treatment for injuries on at least one occasion. However, for the 2016 study (prevalence was not recorded for the 1992 study) just over half of the participants (20/36; 56%) had actually received medical attention, even where injuries were very grave.

Participants reported that they had not sought medical treatment for broken bones or fractured eye sockets with some administering their own treatment to their wounds. The main reason for not seeking outside help was fear from partners illustrated by the 1992 study extract above.

> “The majority of participants in both studies reported they had required medical treatment for injuries on at least one occasion.”



Sexual IPV

The level of sexual violence experienced within IPV relationships was a striking feature of the 2016 study. At the time of the 1992 field research, marital rape was not a recognised crime in Northern Ireland so issues of sexual violence were not recorded by the study, although several participants did report rape by partners (McWilliams and McKiernan, 1993). For 2016, almost half of all study participants - 29 of 63 (46%) - reported that they had been raped by their partner, and a further two reported attempted rape. This is striking because official statistics for the same year as the study recorded 823 rape offences in IPV relationships compared to 13,933 domestic abuse crimes, whereas the findings presented here would suggest that rape is much more common (PSNI, 2017b; 2017c).

Explanations for this relate to the under-reporting of rape and sexual violence crimes, which has been observed locally and globally (Watts & Zimmerman, 2002), and to a lack of recognition of forced sex within a relationship as rape. With regard to the latter, many participants (even in 2016) spoke about how they viewed sex, consensual or not, as compulsory and as part of their 'duty' as a wife/girlfriend, while others spoke about how they did not understand non-consensual sex as rape until they were informed by a professional that this was the case. The following extract provides a typical example of the wider views expressed by participants in this regard:

> 'I woke up and he was inside [me], and I was like "get off, get off, what are you doing?" He [said] "I'm your husband, you're my wife, I can do what I want to you". I couldn't breathe. It could've been rape and I wouldn't have known it was rape - that's being truthful'.
> *(Interview, February 2016)*

Table 3:
Experiences of sexual IPV for 2016 study

This failure to recognise rape when it is carried out by an intimate partner and the view that sex is compulsory for women in cohabiting relationships can be traced to an extent to the conservative attitudes in Northern Ireland (McWilliams and Ní Aoláin, 2013), which are discussed in more detail in Section Three below.

Partner forced intercourse		
Response	Number	Percent
Yes	29/63	46%
No	34/63	54%
Intercourse for fear of partner's reaction		
Response	Number	Percent
Yes	45/63	71%
No	18/63	29%

In this context, it is also worth noting that a further sixteen participants in the 2016 study (45/63; 71%) reported that they had sex when they did not want to in order to manage the violence and/or because they had reason to believe their partner would become violent if they refused sex. This was also a feature of the 1992 study and the following extracts from 2016 and 1992 interviews provide some insight into participant experiences in this regard:

> 'My second child had just been born and I was in that time when you're not supposed to have sex and I didn't want to have sex, [but]…he started getting violent, started choking me and…accusing me [of] sleeping with somebody else [even though] I only just had a baby! So I had no other choice and from that time on I knew if I refused sex there would be a problem, so even if I didn't want to I did it.'
> *(Interview April, 2016)*

> 'I used to let him have his way with me before he went to the pub to try and stop him from going to the pub. But he would go to the pub anyway and then he would have his way with me anyway after he came home. Ach, I suppose you could say that he raped me. That's very hard to admit.'
> *(McWilliams and McKiernan, 1993: 36)*

A total of nine participants in the 2016 study (of 63; 14%) reported that their partner had been sexually violent towards them beyond rape, for example, by choking or hitting them during intercourse or inserting objects into their vagina or anus. This issue was not recorded in the 1992 study although the study does record injuries from sexual violence suggesting it did feature. In general, participants found it difficult to discuss these experiences of sexual violence accompanied by other forms of assault. The following extracts provide examples:

> 'He would be aggressive having sex….you know, strangling [me], slapping me a lot, biting me…I hated the biting and he used to bite me all the time; on my neck near my veins. It was so painful…He used to tie me up and it didn't feel safe…I hated those things, I hated it, but I didn't feel I had a choice.
> *(Interview April, 2016)*

> 'He…you know…put things in places where ….bottles and…he made me [have] anal sex a lot as well….he would have forced me to do that'.
> *(Interview May, 2016)*

Each of these findings underscore the pervasiveness of rape and sexual violence in IPV relationships which is further compounded because it is often not recognised by the victims themselves. The findings point to the need to increase societal awareness on sexual violence within intimate relationships and to remove barriers to its reporting.

Financial violence

While financial violence and control were very prevalent among participants in the 2016 study they were not recorded as issues in the 1992 study. For the 2016 participants, financial violence and control typically took one of two forms: where a perpetrator tightly controlled all household income and spending; and where they made their partner take out loans on their behalf, leaving the partner in debt.

Table 4:
Experiences of financial IPV for 2016 study

Financial control		
Response	Number	Percent
Yes	40/63	63%
No	23/63	37%
Left in debt		
Response	Number	Percent
Yes	20/63	32%
No	43/63	68%

Almost two thirds (40/63; 63%) of participants in the 2016 study reported that their partner rigorously controlled their money or spending, for instance by requiring them to hand over all earnings or to submit receipts for all spending. The following extracts provide typical examples of the level of financial control experienced by participants:

> 'Any money I needed I would have had to have asked him…I couldn't have taken money from my account, my [ATM] card was always with him… Even if it was ten pounds I would've had to explain where that went or what I used it [for].'
> *(Interview, April 2016)*

> 'He controlled all of the money. If he left me money for shopping, I still had to bring the receipt to show him how much I spent and what I bought and…When I was working all of my money went to him, my money was his money too.'
> *(Interview, March 2016)*

There was a general view among these participants that their partner's control of their finances was related to his wider controlling behaviour. Also common was participants reporting that their partners refused to contribute to any household expenses, including mortgage payments and expenses related to the couple's children. For most of these participants the effect was that they were left with little money and struggling financially:

> 'We were living off…my account. That left me…with nothing, but he had all his money'.
> *(Interview, May 2016)*

Despite most participants stating that the household income was lower after they left their partner, most also said they were 'better off' financially having exited the relationship. This was the case regardless of the economic background of participants:

> 'He worked and he had a really good salary but he paid nothing towards the mortgage and bills. He gave me one hundred pounds a week, total, and that was to rear five children, and then ourselves, so I worked and I spent all my money. Now I'm on my own with five children…and I feel like I'm rich now – it was that bad!'
> *(Interview, April 2016)*

However, these reports of being better off financially are relative because most study participants were struggling financially, with 33 of 63 (53%) participants in the 2016 study reporting that they found it difficult (21/63; 33%) or very difficult (12/63; 19%) to manage on their present income[xiii].

Finally, twenty participants in the 2016 study (32%) said their partner had left them in financial debt. Typically, this involved their partner coercing them into taking out loans on their behalf, or gambling assets without their knowledge. For example, one participant reported that her partner had left her £25,000 in gambling debt, while another participant said that he had left her £90,000 in debt which she had to sell most of her assets to pay off. Reports by participants that their partner had taken out credit cards and/or run up debt in their name were more common. The distress caused by this was substantial, and several participants reported that they had or continue to experience disturbed sleep, mental health difficulties and/or had considered taking their own lives because of the level of financial debt they were in:

> 'He used my name to open accounts…and get these credit cards and then he upped and moved [overseas] and I was left [in debt]. I started getting hounded by…debt collectors calling to the door… It was the worst time of my life…I had a break down because of it.'
> *(Interview, March 2016)*

Impact of IPV

Having revealed the pervasive and serious psychological, physical, sexual and financial violence experienced by women in Northern Ireland, which was for the most part consistent in form between the 1992 and 2016 studies, a crucial question concerns the impact of this violence not only for women but also for children residing in the same home. The results highlight the myriad of long-lasting negative effects of IPV for women and children. For the women in the studies, their partner's controlling behaviour had significantly limited their freedom and capacity to pursue education, employment and to live active and fulfilling lives. Participants also drew attention to the significant negative consequences of living with IPV for their children, many of whom had experienced violence themselves and/or had physical and psychological after-effects from witnessing violence.

Impact of IPV on women

Considering first the impact of IPV on the women participating in the study, Table 5 below shows the range and prevalence of negative psychological and physical outcomes from IPV reported by participants in the 2016 study. While these were not recorded as consistently for the 1992 study, most of the same issues can be observed (see McWilliams and McKiernan, 1993). It is worth noting that the physical outcomes recorded in the Table below are in addition to the physical injuries sustained by participants which are recorded above in Table 2.

Table 5:

Psychological and physical impact of IPV on participants in 2016 study

Depression	47/63	75%
Anxiety	36/63	57%
Loss of self-esteem	34/63	54%
Panic attacks	27/63	43%
Difficulty concentrating	26/63	41%
Difficulties sleeping	26/63	41%
Always frightened	10/63	16%
Irritable bowel syndrome (IBS)	10/63	16%
Isolation	7/63	11%
Self-harm	7/63	11%
Mental breakdown	5/63	8%
Extreme weight gain/loss	4/63	6%
Fibromyalgia	4/63	6%
Migraine	4/63	6%
Post-traumatic stress disorder (PTSD)	3/63	5%
High blood pressure	2/63	3%
Acid reflux	2/63	3%
Hair falling out	2/63	3%
Immune system breakdown	2/63	3%
Ulcer	2/63	3%

The most prevalent negative outcome for participants in the 2016 study was depression, with three quarters of all study participants (47/63; 75%) reporting that they had become depressed as a direct result of the violence they experienced. The depression was often severe, with 39 participants (62%) reporting that they were on or had been prescribed medication for depression, 21 of whom had taken anti-depressant medication for more than three years. For 15 participants in the 2016 study (24%), the violence had become so unbearable that they had attempted to take their own lives. This means that around one in every four participants in the 2016 study had attempted to end their lives, with some making repeated attempts:

> 'I couldn't take his behaviour, all that shouting, calling me names, keeping people away from me...I was in a bad way – I know it was three times or four times I took overdoses.'
> *(Interview, June 2016)*

In addition to this was the proportion of participants who had suicidal thoughts but had not actually attempted to end their lives, generally out of concern for their children:

> 'I would think of the children, and at the end of the day I'm their mother, I brought them into the world I have to be there for them'.
> *(Interview, May 2016)*

When these participants are included, it emerges that over three quarters (48/63; 76%) of all participants in the 2016 study contemplated or attempted suicide. These findings reflect the findings of the 1992 study which also sought to draw attention to the strong connection between parasuicide and IPV; the study recorded that eight participants (of 56; 14%) took overdoses as a result of violence, including one participant who had overdosed on four separate occasions (McWilliams and McKiernan, 1993: 36). They also reflect the findings of wider, global studies which demonstrate the strong association between suicidality and IPV. For instance, a study led by the World Health Organisation (WHO) across nine countries and 13 rural and urban sites reported that IPV was one of the most consistent risk factors for suicide attempts (Devries et al., 2011). The strong association between suicide, suicidal thoughts and IPV recorded here draws attention to the need to recognise and address IPV as a risk factor for suicide when devising healthcare and suicide prevention policies. The strong association between IPV and negative mental health outcomes more generally, including depression, anxiety, panic attacks, mental breakdown, and PTSD (see Table 5), revealed by the study suggests that preventing IPV and limiting its consequences may be an effective strategy for addressing mental health problems among women.


Reasons for
not leaving

> The majority of participants, had either given up work or not been able to pursue employment due to their partner's behaviour.

In addition to suicidality and mental health problems, other issues linked to IPV included loss of self-esteem, difficulties concentrating, difficulties sleeping, as well as physical ailments related to stress such as IBS, fibromyalgia, and high blood pressure. Difficulties concentrating or sleeping, and loss of self-esteem were very common, raised by between 41% and 54% of 2016 participants. These participants further linked these (also with the control detailed above) to their limited engagement in social, political and economic life. Few participants in both studies were in regular employment, and those that were emphasised during interviews how difficult it had been for them to keep their jobs; that they had been followed to work by their partner, harassed at work by their partner, and/or found it difficult to work while coping with persistent violence and control. The majority of participants, however, had either given up work or not been able to pursue employment due to their partner's behaviour. The following extracts provide examples in relation to the impact of IPV on employment:

> 'I had a really amazing job. I loved my job. I was the youngest person to do my job in the country. It was a big thing, but he got me to take a career break and I gave it up…it was still never enough.'
> *(Interview, April 2016)*

> 'I worked in a factory, but it got that much that I couldn't take it anymore, because he was actually thinking when I was working overtime that I was away with a man. He came up to the factory and followed [me] home'.
> *(McWilliams and McKiernan, 1993:42)*

'He never said "you're not allowed to" do things but you kind of just knew that it would've displeased him like...that I'd suffer for it. I knew he wanted me at home... so I stayed at home.'

(Interview, March 2016)

In addition to employment, participants also reported that IPV had limited their capacity to pursue education, leisure activities and hobbies. More than three quarters of participants (49/63; 78%) in the 2016 study reported that IPV had disrupted their income-generating activities and/or education and/or hobbies. For about half of these participants this was a direct result of their partner's controlling behaviour, but for others it was also due to the impact of IPV on their physical and psychological well-being, with low self-esteem and depression identified as particular obstacles:

'I wanted to do this wee course, but because "I'm stupid. I'm useless, what are you going to do that for?" I just felt as though I couldn't do that.'

(Interview, February 2016)

'In my boy's school, they were doing some cookery classes for the mammies. I told him "it is only for the mammies" and there's no men there." But no, he didn't want me talking to anybody. Eventually you just gave up.'

(Interview, May 2016)

The prevalence of these experiences highlights the extent to which IPV limits the capacity of victims to live active and fulfilling lives and to engage in society. Given that most victims of violence are women, these findings have important implications for policies that address gender inequality, both in Northern Ireland and elsewhere.

Impact of IPV on children

In line with the findings from other research (Buckley, Holt and Whelan, 2007; Bancroft and Silverman, 2002), both studies found that children growing up in households with IPV have also endured violence themselves and/or have been scarred by the violence in some way. The full range of negative outcomes of IPV for children, as identified by participants in the studies are recorded in Table 6 below. Although these outcomes were identified in the 1992 study, their prevalence was not recorded, so the figures and percentages in Table 6 are for the 2016 study only.

Table 6:

Impact of IPV on children according to participants in 2016 and 1992 studies

Child experienced psychological, physical, sexual violence from IPV perpetrator	21/59	36%
Depression, anxiety, panic attacks, PTSD or other mental health disorder	21/59	27%
Withdrawn, quiet	12/59	20%
School work affected	12/59	20%
Severed contact with family	9/59	15%
Stress related illness (IBS, psoriasis, bell palsy)	8/59	14%
Learning difficulties	7/59	12%
Child has low self-esteem	7/59	12%
Nervous, always frightened	7/59	12%
Self-harm	6/59	10%
Behavioural problems	4/59	7%
Child became aggressive	4/59	7%
Nightmares	2/59	3%
Child attempted suicide	2/59	3%
Child in care, mother couldn't cope	1/59	2%

Participants in both studies reported that their children had been abused by the same men who abused them, generally the father of the children. When the prevalence of this was logged in the 2016 study, over one third (21/59; 36%) of all participants who had children reported this.

> These findings contradict the view often reflected in policy that those perpetrating violence are often violent partners but good parents.

The findings draw our attention to the many harms endured by children living with IPV: over a third of participants in the 2016 with children reported that their partner had been violent towards their children; while around three quarters reported negative psychological and physical outcomes for their children from violence.

Most of these experiences were of psychological violence and neglect, but 11 participants (of 59; 19%) reported that their children had been physically abused and two participants (3%) stated that their children had been sexually abused by their partner. Some participants also minimised physical violence in particular, saying their partner was not violent towards their children while admitting that they were 'heavy handed' or 'a bit Victorian' when 'disciplining' the children and providing descriptions consistent with child abuse. Several participants in both studies reported that they only found out about the violence their children had experienced long after it had happened, in some cases only when their children became adults;

> '[my] child kept [it] to himself…he only recently told me it.'
> *(Interview, February 2016)*

At the same time, most participants went to considerable lengths to protect their children from violence, with many reporting that they endured violence in order to protect their children from it;

> 'I would have allowed him to do anything to me to protect them'.
> *(Interview, April 2016)*

These findings contradict the view often reflected in policy that those perpetrating violence are often violent partners but good parents (Buckley, Holt and Whelan, 2007). Indeed they show the extent to which violent partners are also often (in one third of all cases discussed here) abusive parents. These are issues which need to be taken into consideration in both access arrangements and custody agreements and are discussed further below.

In addition to direct experiences of violence, both studies found a myriad of other, frequently long-term negative psychological and emotional outcomes for children who had witnessed IPV, including depression, anxiety, PTSD, stress-related physical health problems such as IBS, learning difficulties and problems at school, behavioural problems, low self-esteem and nightmares. In three particularly extreme cases (one in 1992 and two in 2016) attempted suicide was also reported. The findings were consistent between the studies with each of the impacts listed in Table 6 also observed in the 1992 study.

The following extracts[xiv] provide examples of the long-term impact on children of living with IPV:

> '[One of my children] is [an adult] and [has] IBS, [my other child] is really unwell and has been [self-harming]...and [my other child]... that child was undermined by [their] father [their] entire life...and [they] have no self-esteem...[The violence has had a] huge impact on the children.'
> *(Interview, May 2016)*

> 'His daddy turned him on me, always saying "she doesn't give a fuck about you... she doesn't fucking love you"...[and] really fuelling this hatred from my son against me.'
> *(Interview, June 2016)*

> '...my wee boy, he's always nervous. He can't bear any noise around him. He doesn't speak to people...and his teacher told me he hasn't any friends'
> *(Interview, February 2016)*

> The onus to protect children from a violent partner should not rest solely with the non-abusive parent.

The research highlights the extent to which IPV functions to limit not only an immediate victim's quality of life and capacity to engage fully in society, but also those of children living in the same household. These impacts can extend beyond the immediate experience of violence and, as the above extracts show, can leave a lasting impact on the life course of an individual. These findings on the serious negative implications of IPV for children have been recorded in other studies and call attention to the need to increase societal awareness on the impacts of IPV for children.

The onus to protect children from a violent partner should not rest solely with the non-abusive parent (predominantly the mother). Some examples of policy and practice measures which have been introduced elsewhere[xv] to support and protect victims of violence and their children include: training courses on violence; rights and safety skills for children/young people in schools; training courses and codes of practice for childcare/education staff and relevant professionals on how to recognise and intervene in cases of violence; specialist centres for child victims of violence and abuse; and, crucially, a review of child custody and access arrangements which take into account the IPV that mothers have been exposed to and the impact of this violence on children (even where a child has not been directly targeted) when making decisions around custody and access.
This issue of access to children for perpetrators of IPV was also frequently raised by study participants themselves and is discussed in detail in Section Four.


POLICE
OTTO

Section Three

IPV and the Northern Ireland context

The 1992 research recognised that the violent conflict (the 'Troubles'), which was ongoing at the time of the study, alongside conservative and religious attitudes shaped experiences of and responses to IPV in Northern Ireland. This section explores these factors to examine the extent to which changes have occurred between the study periods.

> "The 1992 study revealed how the violent conflict ongoing in Northern Ireland at the time shaped experiences of and service responses to IPV."

Violent conflict and IPV in Northern Ireland

The 1992 study revealed how the violent conflict ongoing in Northern Ireland at the time shaped experiences of and service responses to IPV. More specifically, the study detailed: how membership of paramilitary/armed groups increased the level of power, control and impunity available to perpetrators of IPV; how the increased availability of legal and illegal firearms increased the risk to and threat felt by victims of IPV; and how the conflict affected police responsiveness to IPV (McWilliams and McKiernan, 1993). The impact of paramilitary groups and firearms on IPV and the connections between violent conflict and diminished police responses to IPV have also been recorded in other studies from conflict-affected and post-conflict societies (see Guruge et al., 2017; Erez, Ibarra, & Gur, 2015; Swaine, 2015). This section reports on each of these issues, comparing findings from the 2016 study with those from 1992.

Paramilitaries

The continuation of paramilitary control on women experiencing IPV remains a concern although it is two decades since the cessation of formal paramilitary hostilities. In the 2016 study, 11 of 53 participants (21%) raised the impact of paramilitarism on their lives when asked about the impact and legacy of the conflict in Northern Ireland, making it a relevant issue. The impact of paramilitarism was evident in two main respects: on the one hand, affiliation to paramilitary groups provided a source of power to perpetrators of IPV; while, on the other hand, the armed groups represented an alternative and more rapid response to IPV for victims. Such a response meant by-passing that meant by-passing the established criminal justice system.

Considering the first and most prevalent issue, nine participants in the 2016 study[xvii] (of 53; 17%) stated that their partners used or had used paramilitary connections or alleged paramilitary connections to threaten, control and/or abuse them. The following extract provides an example and illustrates how this threat was used as a method of control in the household:

> 'He used to say that he was in the UDA [Ulster Defence Association, a loyalist paramilitary organisation]. Whether he was or wasn't I don't actually know but he would sit you down and say. I was too frightened [then], maybe even more cautious of saying anything (to the police) in case…you know…'
> *(Interview, March 2016)*

> The findings of the 2016 study call attention to the gendered implications of a demilitarisation process.

In the 2016 study, the authenticity of a connection to paramilitary organisations was frequently open to question, with many participants who raised this issue claiming these connections had been fabricated with the specific intent of controlling and threatening them:

> '… he would pretend he was involved in things and he was the Mr Big guy, but I knew he wasn't because he was never out the door'.
> *(Interview, June 2016)*

Most participants, however, had only discovered the fabrication after exiting the relationship, showing that these threats had the same impact as if they were real. The fact that perpetrators of IPV use their affiliation with armed groups to threaten and abuse their partners points towards the different sources of power that may be open to perpetrators of IPV in conflict and post-conflict contexts.

The 1992 study was undertaken prior to the ceasefires and, therefore, the impact of paramilitarism on perpetrator power, reporting, and impunity was a central issue (McWilliams and McKiernan, 1993). In highlighting the continued influence of paramilitarism on experiences of IPV in Northern Ireland twenty years following the ceasefires, the findings call attention to the gendered implications of a demilitarisation process. In noting the awareness among several 2016 participants that paramilitary connections were falsified, an issue not reported in the 1992 study since the connections at that time were mostly real, the respondents also agreed that the formal process of disarmament in 2007 had to some extent closed off this control for perpetrators in the context of IPV.

The second aspect relevant to this issue is the way in which paramilitary/armed groups act in a policing capacity by offering 'protection' to victims of IPV, although this issue was much less prevalent in the 2016 findings and reported by only two (of 53; 4%) participants. Typically, this 'protection' involves a paramilitary group issuing a warning/threat to a perpetrator to stop harassing or abusing a victim. In the 2016 study, one participant spoke about how she had requested:

> 'somebody [from a paramilitary group] to speak a wee word in his ear.'
> *(Interview, May 2016)*

Her partner had then stopped harassing her after many years. The second participant to make a similar request of a local paramilitary organisation agreed that her request served its purpose. In general, however, participants did not seek contact with or assistance from paramilitary groups, even where this was potentially an option. In the 1992 study when the conflict was still at its height, victims reported their concerns that perpetrators were being recruited as police informers to avoid prosecution or enforcement orders for IPV (McWilliams & McKiernan, 1993).

Comparing the 2016 and 1992 studies, there was a decrease in the number of participants contacting paramilitary groups for assistance. The figures are small, however, ranging from two participants (out of a total of 53; or 4%) in the 2016 study to four participants (of 56; 7%) in the 1992 study. Most participants in both studies did not seek contact with or assistance from paramilitary groups, even where this was potentially an option, and those that did turn to paramilitary groups for assistance only did so when they felt they:

> 'had no more options'.
> *(Interview, March 2016)*

However, in explaining the decrease in the proportion of participants contacting paramilitary groups between the studies, the comparative findings suggest that changes in access to and perceptions of the police force following the peace agreement in Northern Ireland are crucial. This is discussed in detail below, but briefly participants from Catholic, nationalist/republican communities in the 1992 study spoke about how paramilitary groups had an advantage over the police since officers had to wait for clearance and/or a military escort to enter nationalist areas, and participants from these communities were often reluctant to contact the police.

> Changes to policing as part of the peace process have left less of a role for paramilitary groups in responding to IPV.

No such situation existed in the 2016 study and some participants noted how this had left them less reliant on informal (e.g. paramilitary) protection and more likely to pursue formal (e.g. police) protection for IPV:

Participant: 'I see the police [in this area] now. During that period though [the conflict] if you were in trouble you did nothing - you didn't go to the police…'

Interviewer: 'Did women go to the paramilitaries?'

Respondent: 'Probably, yes'
(Interview, March 2016)

These findings suggest that in addition to the demobilisation of paramilitary groups, changes to policing as part of the peace process have left less of a role for paramilitary groups in responding to IPV. But even in the 1992 study, when access to policing was limited, only a small number of participants reported that they had contacted paramilitary groups for assistance. The reasons were the same across both studies; that women who have been abused by their partners also fear paramilitary groups. Excessive force by paramilitary groups in dealing with their partner is one cause for fear. Participants who spoke of the influence that paramilitaries exercised, and continue to exercise, within their communities were frightened of being held responsible for the harm caused to their partners, which was not what they wanted.

Firearms

Studies show that the presence of a firearm in the home significantly increases the risk (of homicide and/or injury) to and level of threat felt by a victim to IPV (Dobash et al., 2007; McWilliams, 1998). During a conflict, the availability of firearms increases frequently, even for 'ordinary' members of society outside of the security forces. Northern Ireland was no exception to this pattern. During the conflict in Northern Ireland, members of the security forces, politicians, members of the judiciary, and business people on security-related contracts were permitted to have legally held 'personal protection' weapons (PPWs) which led to their marked increase[xviii]. Add to this the considerable arsenal of illegal weapons including firearms by members of paramilitary groups active at the time (see BBC News, 2005), and one starts to build up a picture of the extent of firearm ownership during the conflict. The extent to which these firearms impacted on participants' experiences of IPV was a main feature of the 1992 study. Participants referred to incidents in which a firearm was held to their head, threats by partners saying they would get a firearm, and refuge workers recalled seeing women with circular bruising on their necks caused by a firearm's muzzle. These incidents created a high level of anxiety and fear among participants, particularly where victims, as noted below, reported incidents of partners copying the 'Russian Roulette', made famous by the film 'Deer Hunter', where the trigger of the firearm (held to the victim's head) would be pulled but without the victim knowing if a bullet was inside (McWilliams and McKiernan, 1993).

> In the context of IPV, the disarmament process in Northern Ireland has had a significant impact in reducing access to firearms.

Comparing these findings to those from the 2016 study means that, in the context of IPV, the disarmament process in Northern Ireland has had a significant impact in reducing access to firearms. In 2016, only two participants (of 53; 4%) reported the use of firearms in IPV situations, indicating a decrease between the studies. The findings also reveal a shift in police attitudes and responses towards firearms in IPV situations. In the 1992 study, participants reported that the police were reluctant to remove PPWs and/or removed them only temporarily, returning them the next day.

This is in contrast to what is recounted by two participants in the 2016 study, each noting that the firearms were immediately removed by the police when they did contact them, and not returned. Improvements to two sets of protocols are also likely to have had an impact: first, police officers responding to incidents of IPV are required to check if a firearm has been used; second, it is recommended that keepers of PPWs store their firearms at their place of work rather than at home.

While the results bring to light key changes that have occurred between the studies in terms of the prevalence of and police response to firearms, they also reveal certain similarities with regard to how firearms are used in IPV situations and their impact. Participants in both studies reported that weapons were used specifically to threaten them and that their use increased their level of fear and anxiety. The following interview extracts from the 1992 and 2016 studies demonstrate this:

> 'It was both mental and physical. You know, I am thinking of times when he would put a gun to my head, and play Russian Roulette with it, with me... but there was no physical harm done then.'
> *(McWilliams and McKiernan 1993: 36)*

> 'He had the gun in the hot press and when I approached him about [something]... ... [he said] "if you don't move from me...I'll blow your brains out" and he kind of went to step up to take the gun...Jesus, that certainly left me fearful...I was too frightened after that, maybe even more cautious of saying anything in case you know...[sighs], it was more control over me.'
> *(Interview, March 2016)*

The implication of the presence of firearms for an individual's capacity to resist and, crucially, to seek assistance for violence is highlighted by the second extract. This is consistent with the findings from other studies which show that the availability/use of armed weapons in IPV situations can decrease the likelihood of a victim reporting, and therefore perpetrators being held to account for violence. (Swaine, 2015)

Policing

> Reports of 'no action' by police were prevalent among participants in the 1992 study, particularly among participants from nationalist /republican communities and Catholic backgrounds.

The biggest problem reported by participants in the 1992 study was their perceived inability to make contact with the police about IPV. This was particularly pronounced for participants from Catholic, nationalist/republican communities who reported that the police, then the Royal Ulster Constabulary (RUC), did did not respond to their calls because '[they] think they are being set up' (McWilliams and McKiernan, 1993: 56). This was because bogus domestic violence calls were used by republican paramilitary groups to lure police officers into these areas. Reports of 'no action' by police were prevalent among participants in the 1992 study, particularly among participants from nationalist / republican communities and Catholic backgrounds, several of whom reported that they waited 'all night' for police who did not arrive.

There was also a strong feeling of distrust in the police service among participants from these communities in the 1992 study who tended to see the police as a source of harassment rather than as a source of protection. These trends were correlated strongly to the composition of the police force (RUC) at that time, which was composed almost exclusively of officers from a Protestant background (more than 92%). The high level of mistrust between communities and the police in situations where a minority community is policed by an almost exclusively majority force has been recorded in other studies from conflict-affected and/or ethnically divided societies (Erez, Ibarra, & Gur, 2015). These studies also show how this dynamic limits access to police officers and the reporting of IPV crimes from these communities.

Comparing the 1992 findings with the 2016 findings reveals a very marked change in access to and trust in police, and in police responses to IPV from across all communities in Northern Ireland and particularly among participants from Catholic, nationalist/republican communities. For the 2016 study, there were no reports by participants that the police failed to respond or arrive when called. On the contrary the majority of participants who had contacted the police reported that they were very prompt in their response. There was also a high level of trust in police from all communities, including nationalist ones, and the majority of participants in the 2016 study gave positive appraisals of the police and their response to IPV incidents compared to a significant minority for the 1992 study (see Section Four for a detailed discussion of police response). This represents a very significant change between the studies and a key finding of the 2016 study was precisely the extent to which appraisals of police response to IPV had improved when compared to the 1992 findings. The comparative findings, that access to and trust in police have increased so significantly for participants from nationalist communities, point to the significant impact of the post-conflict reforms recommended by the Patten Commission, and in particular the impact of the introduction of quotas for Catholic police recruits following the 1998 peace agreement[xix].

Social attitudes and IPV in Northern Ireland

> Both the 1992 and 2016 studies underscore the strong impact of these conservative and religious social attitudes in Northern Ireland on decision-making in relation to IPV.

Traditionally, social attitude surveys and political policies identify Northern Ireland as a more conservative and religious society than the UK as a whole. This is reflected in attitudes towards divorce, reproductive rights, family and gender roles (see Hoewer, 2013; Northern Ireland Council for Voluntary Action, 1998-2014). Both the 1992 and 2016 studies underscore the strong impact of these conservative and religious social attitudes in Northern Ireland on decision-making in relation to IPV. While prevalence was not recorded for the 1992 study, the impact of these attitudes were emphasised by large numbers of participants (McWilliams and McKiernan, 1993: 51).

For the 2016 study, almost half of all participants from or living long-term in Northern Ireland (24/53; 45%) reported that religious attitudes had shaped their experiences of IPV and the decisions they took in relation to it. One commonly-held religious belief across both studies, which was repeated often by participants and cited as significant reason for remaining in an IPV relationship, was the belief that marriage is forever and that;

> 'you make your bed, you lie in it'.
> *(Interview, April 2016)*

For the 1992 study, this view was expressed by both younger and older participants, although for the 2016 study it was much more pronounced among older participants. Where younger participants did make reference to these beliefs, it was usually with regard to the views of other (older) family members rather than their own reporting. For example, that they were reluctant to seek a divorce because it would upset their parents:

> '[I was] brought up in a Catholic household…where your marriage vows were sacred and I didn't want to…upset my mother'.
> *(Interview, April 2016)*

That this view was held by older participants in the 2016 study indicates a slight shift in this regard with many 2016 participants expressing the view that divorce and single parenthood were becoming less stigmatised. It should be noted, however, that these participants were predominately from urban areas (Belfast in particular) and there was a feeling among participants from rural areas that attitudes were not changing:

> 'this is still a very, very traditional area'.
> *(Interview, May 2016)*

While many participants considered the influence of conservative and religious social attitudes to have weakened when compared to their parents' generation, the research findings nevertheless highlight the extent to which these attitudes continue to shape experiences and perceptions of IPV in contemporary Northern Ireland. This was most conspicuous in the connections made by participants between conservative cultural and religious attitudes on the one hand and stigma and shame on the other hand. Participants in both studies spoke about experiencing stigma and/or feeling shame for being a lone parent, for separating from or divorcing a (violent) partner, for having children with different fathers, and/or for speaking publically about IPV rather than treating it as a private issue. The following extracts provide examples of this and are reflective of the wider concerns raised by participants in discussions of social attitudes and their impact:

> 'I suppose I stayed because…well, I just felt like that like I've had different kids with different fathers and I just felt like "Oh all the shame is on me".
> *(Interview, March 2016)*

> Societal views on 'acceptable' roles for women and the view of IPV as private, family issue continue to present a significant barrier to getting help.

'[When] you're in that kind of a relationship you're hiding behind closed doors and you're not really coming out front to tell people.... It's not something that you're really going out to advertise to be quite honest. You'd be too embarrassed.'
(Interview March, 2016)

'When I first started saying [openly] that I suffered domestic violence, see the shame on people's faces. [They were like] "Awwwh! You can't say that you know". My employers even let me go'.
(Interview, April 2016)

These extracts are also strongly reflective of the views expressed by participants in the 1992 study for whom shame, stigma and a view of IPV as a private, family issue were highly pertinent. The results show more generally how societal views on 'acceptable' roles for women and the view of IPV as private, family issue continue to present a significant barrier to getting help for and/or leaving violent relationships in Northern Ireland almost 25 years after the original study. These findings also have further significance given that cross-cultural empirical studies suggest a link between conservative social attitudes regarding the status and role of women and the prevalence of IPV; with societies holding more rigid social norms displaying higher levels of IPV (see Jewkes, 2002; Jewkes, Penn-Kekana, & Levin, 2002).


HELP
SUPPORT
ADVICE
ASSISTAN
GUIDANCE

Section Four

Support for victims of IPV

This section deals with help provision and explores the responses to IPV from informal and formal groups. Most participants in the study had sought assistance at some point during the violent relationship with a high proportion engaging with service providers. The findings presented here detail the experiences of participants in both studies, and analyse the extent to which changes have occurred in responses to IPV between the study periods.

Family and informal responses to IPV

> Participants across both studies did have a high level of contact with service providers.

Most participants in both studies had spoken to at least one other person about the violence they were experiencing, and the vast majority of these participants had first spoken to family members: 33 participants (of 63; 52%) in the 2016 study and 37 (of 56; 66%) in the 1992 study. Most participants had also first disclosed violence to other informal groups such as friends, neighbours, colleagues as well as local clergy members and only a minority of participants (4/63 or 6% for the 2016 study) had first spoken about the violence they were experiencing to a service provider. However, as detailed below, participants across both studies did have a high level of contact with service providers.

Fifteen participants (of 63; 24%) in the 2016 study said that they had never disclosed the violence they were experiencing to anyone (prevalence was not recorded in 1992). There were two main reasons for this: first, that participants were too afraid of their partner's reaction if they found out they had disclosed to someone; and, second, that that they did not want to worry family members by telling them about the violence. For example:

> 'I didn't dare speak to anyone…nothing would've kept me safe from him and I knew that. He always said he would get the kids if he couldn't get me … that kept me quiet'.
> *(Interview, April 2016)*

> 'They [my family] can't do anything about it, so what? They're supposed to be sat at home worried sick that he might kill you that night…. No, I wasn't going to tell anybody.'
> *(Interview, March 2016)*

It is worth noting that some of these participants (three) who had never spoken to anyone about the violence, later found out that their families and friends knew but never raised it or attempted to intervene. Phrases like 'everybody knew but they didn't say' *(Interview, February 2016)* were commonly repeated. The main reason for this, according to these participants, was that their family members still viewed IPV as a private issue and thus 'didn't want to get involved' *(Interview, May 2016)*.

However, the vast majority of participants in both studies who had spoken to family members about IPV said that they had been very supportive and 21 participants (of 63; 33%) in the 2016 study and 14 (of 56; 25%) in the 1992 study had previously stayed with a family member when they left their violent partner. Family members and occasionally friends had also encouraged and helped participants in both studies to get support from services providers such as the police and social services and in some cases had attempted to intervene directly to stop the violence by confronting the perpetrator about their behaviour, and/or threatening them. Other participants in the studies said that their families encouraged them to leave the violent partner but also continued to support them when they stayed in and/or returned to the relationship. Families were a crucial source of support for participants and highly influential in their decision-making processes; participants in both studies reported that they would not have left their violent partner were it not for the support and help of their families:

> 'My family were so brilliant. I would be dead without them. It was so hard for them – they knew what he was like and they saw me going back to him…[but] they stood by me and waited until I made up my mind…and when I left and he was calling me all the time my Mum would have slept in the bed beside me'.
> *(Interview, March 2016)*

> 'I've been living with my brother for almost a year now. I couldn't cope in a refuge with five children…and I pay him almost nothing. I think…I would have gone back if it wasn't for him'.
> *(Interview, April 2016)*

> Families were a crucial source of support for participants and highly influential in their decision-making processes.

Exceptions did exist and a minority of participants across both studies stated that their families were not supportive; nine participants (of 63; 14%) for the 2016 study where prevalence was recorded. In general, examples of this were the same across both studies and included family members not believing participants when they first disclosed violence, belittling/minimising the violence they experienced, and/or encouraging participants to stay with or return to violent partners:

> 'I tried speaking to my sister – I said about [my husband] being a control freak, but she just said "Ach for goodness sake, all men are control freaks"...So I sort of thought well maybe I am kicking up a fuss about nothing.'
> *(Interview, February 2016)*

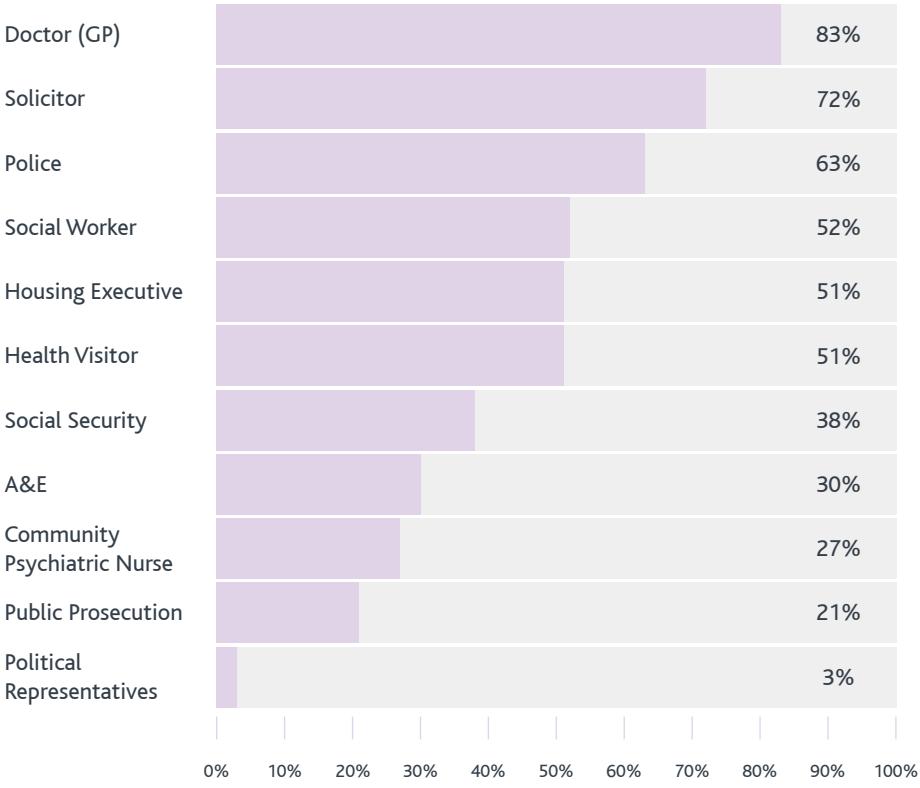
> '[My family] didn't want to hear it – nobody wanted to get involved, and they certainly didn't want anyone else to know. They didn't want me to "break up the family" and bring [the] children away [from their father]...so I sorted it out myself.'
> *(Interview, May 2016)*

As suggested by the second extract, conservative attitudes of family members were a factor here, and this was also the case for the 1992 study:

> 'They don't like telling neighbours or people that their daughter's marriage is broken up. I am not allowed to go down to my mum's house...she doesn't want the neighbours to see me without a husband'
> *(McWilliams and McKiernan, 1993: 48)*

Despite the passage of two decades since the first study, the 2016 findings suggest that conservative social attitudes continue to pose a barrier to getting help for IPV in Northern Ireland.

What professionals have women asked for help from in 2016?



Service provider responses to IPV

> The majority of participants in both studies had engaged with at least some service providers and the findings show that their role can be a crucial one.

While family and friends were generally the first point of contact, the majority of participants in both studies had engaged with at least some service providers and the findings show that their role can be a crucial one. More than three quarters of participants in the 2016 study had visited their family medical doctor (General Practitioner, GP), around two thirds had contact with the police, and around half had contact with social workers, health visitors, and the Housing Executive. For the 1992 study, around two thirds of participants had engaged with social workers, the police and the Housing Executive, and around half had contact with their GP and health visitors (see Table 6 in Annex). There was a much lower level of contact with the other professional services and Table 6 in the Annex shows the full range of participant contact with service providers for both studies.

In terms of differences between the studies, more participants in the 2016 study had visited a GP over the course of their violent relationship, while fewer had contact with social workers. For the remaining service providers the figures are mostly comparable where the response rates for both groups are recorded. Participant experiences with the three main groups contacted by participants in both studies, namely GPs, social workers, and the police, are discussed in turn in the sub-sections that follow, with insight from representatives from these groups also reported where available.

General practitioners

Most participants in both studies reported that they had visited their GP at some point over the course of the violent relationship. Often these visits were related to their children or routine illnesses but in many cases participants had visited their GP with medical complaints and issues arising specifically from the violence they were experiencing. The most common were mental health complaints with 39 participants (62%) in the 2016 study visiting their GPs seeking help for mental health issues resulting from IPV. However, while most participants across the studies had contact with GPs, very few stated that their GP had been 'helpful'; only 16 of 48 (33%) participants for the 2016 study and nine of 30 (30%) for the 1992 study, meaning that over two thirds of participants in both studies stated that their GP was 'not helpful' (see Table 7 in the Annex).

This consistency in terms of negative appraisals of GP responses to IPV suggests that there has been little improvement in GP responses between the study periods. Few participants in both studies reported that they had felt able to disclose IPV to their GP, and the primary reasons for this were the same across both studies: that GPs did not recognise the signs of IPV and thus did not enquire; that GPs were uncomfortable in discussions concerning their partner's behaviour; and/or that there was not enough time in busy GP surgeries to discuss IPV.

The following extracts from the 2016 study provide insight into participant views and experiences in this regard:

> 'I think my doctor had an idea [that I was in an IPV relationship] for sure, but she didn't ask me directly. I suppose because of timing – you go to the doctor and they are always trying to rush you out as soon as possible.'
> *(Interview, February 2016)*

> 'I said a few times that there were problems in my marriage…he (GP) knew for sure…and he couldn't wait to get me out of the room. Instead of me feeling comfortable to talk, he was uncomfortable. They (GPs) need a seminar or something on domestic violence because he shouldn't be sitting there feeling uncomfortable because of what I'm saying.'
> *(Interview, April 2016)*

> 'My GP was a very nice man but I wouldn't say he was particularly helpful. I went to him but he just put me on antidepressants without asking me anything about why. Oh I was struggling then, if I was approached I probably would've told him. Even if he had given me a number [for referral] or something…But he just gave me tablets (antidepressants) and I left.'
> *(Interview, March 2016)*

Pertinent in this last extract in particular is the extent to which weak responses by GPs to IPV represent a significant missed opportunity for identifying and intervening in situations of IPV. Several participants in both studies reported that they had a relationship of trust with their GP and that they would have spoken to them about the violence they were experiencing if their GP had asked; 40 of the 53 participants (75%) in the 2016 study who had visited their GP said they would have spoken to them if they had been asked, while only nine of these GPs (17%) had actually asked. This raises the concern that the professional group with whom victims of IPV have the highest level of contact are clearly failing to identify and respond to IPV. The findings also draw attention to the extent to which GPs prescribe medication for mental health problems without enquiring into the root causes of these problems. Only three participants in the 2016 study reported that their GP had offered them counselling for depression.

There were, however, examples of good practice from GPs provided by the 16 participants from the 2016 study (of 48; 33%) and nine participants (of 30; 30%) from the 1992 study who described their GP as helpful. This should be used to inform GP training on responding to IPV. Participants found GPs particularly helpful when they encouraged them to open up about their partner's controlling and violent behaviour and listened to them. The following extract is typical of participant experiences in this regard:

> 'My doctor…was great. I told her what had happened and she actually listened to me! She didn't judge me, she didn't rush me out the door, she just sat [there] and listened to me, and I thought what doctor does that? She showed me how to get all the support I needed. She was… so helpful'.
> *(Interview, March 2016)*

Participants also spoke about how their GPs had helped by providing information on support services, mainly Women's Aid, without the participants having to disclose IPV but where the GP had suspected violence and offered support instead of or in conjunction with medication when depression was raised as an issue:

> '[My GP] said "your husband sounds like a difficult man" – it was the first time anyone had said that, it really stood out….She gave me medication [for depression], but she [also] gave me information [on Women's Aid] - it was the first I had ever heard of Women's Aid'.
> *(Interview, April 2016)*

In addition to learning from positive experiences with GPs, participants whom did not find their family doctors helpful gave suggestions for how they could have been helped by these GPs, and how GP responses to IPV could beimproved more generally. These include: more and mandatory training for GPs on IPV and specifically on how to identify IPV and discuss it with victims; the development of guidelines/codes of practice for GPs to ensure that they are able to identify and enquire about IPV where they suspect it is occurring, refer participants to appropriate services, and investigate more fully the causes of mental health issues in conjunction with/prior to prescribing medication; an increase the time available to GPs to discuss IPV and related issues either during or after consultations; and the provision of follow-up care for victims of IPV who disclose to GPs so that they are monitored going forward.

Despite making significant effort to contact GPs and include their views in the study, we could not get a sufficient number of interviews with GPs to build a composite picture of GP responses to IPV.

“Participants whom did not find their GP helpful gave suggestions for how their GP could have helped them and how GP responses to IPV could be improved more generally.”

Social workers

More than half of participants (33/63; 52%) in the 2016 study and almost two thirds of participants (36/56; 64%) in the 1992 study had engaged with a social worker while in a violent relationship. For both studies, reports on social workers were mainly negative, although there was a slight (8%) decrease in the proportion of 'unhelpful' reports between the studies; from 26/36 (72%) in 1992 to 21/33 (64%) in 2016 (see Table 7 in the Annex). The primary reason for negative reports on social workers was unchanged between the studies and pertains to a view among participants that social workers were less focused on the adult victim and more concerned for the children:

> 'Whenever they [social workers] came to see me, they weren't asking me how I felt. It's always how are the kids?'
> *(Interview, April 2016)*

> 'The social worker actually said to him (perpetrator) "what's not to say when you get aggressive...that if you threw a mug of hot tea at her (participant) one of the kids might not be behind her", she actually said that....they (social workers) never cared to help me at all'.
> *(Interview, March 2016)*

> "The prevailing view among participants in both studies was that social workers were less focused on the adult victim and more concerned for the children."

Participants in both studies felt that they were blamed for violence occurring in the home and made to feel like bad mothers with comments such as 'they made me feel that I wasn't looking after the kids' (McWilliams and McKiernan, 1993: 65) repeated often by participants in both studies. Some participants connected this to a victim-blaming culture leaving the victim open to charges of failing to protect her children from harm, which is also noted in studies by Keeling and Van Wormer (2011) and Dominelli (2009), among others:

> 'It was his behaviour, it wasn't my behaviour, why should I get blamed? But the mother does [get blamed] by them (social workers) of course.'
> *(Interview, April 2016)*

The second most prevalent reason across both the 2016 and 1992 studies for poor reports on social workers were threats made by social workers to remove children from mothers. Indeed this was often a reason that participants were hesitant to contact social workers in the first place. For some participants, this was based on personal experiences with social workers:

> '[The social worker] came into my home, the place was a mess and I could see she was being…em, really judgemental. She told me straight out that if I didn't get rid of him (perpetrator) that they were going to remove my children…I became very defensive after that.'
> *(Interview, February 2016)*

This same participant then went on to say how this social worker could have reacted differently in a way that would have helped her and encouraged her to leave the violent relationship rather than threatening her. Recommendations, including the following, were made by several study participants in relation to social workers:

> 'If the social worker had sat me down and said "listen we are here to help you…. We've got you a place and we are going to send you and the child there, and we're going to put you in [an education programme with Women's Aid]…You know, that's how it should be. If they'd said that I'd have felt safe, I'd have felt like I could do anything with their help, but they didn't. They just come in, take your kid off you and leave you to get beat up constantly'.
> *(Interview, February 2016)*

> Participants in both studies felt that they were blamed for violence occurring in the home and were made to feel like bad mothers.

However, while participants raised the issue of social workers focusing only on children, many felt that they were not doing enough to protect their children insofar as they pressed for contact between children and fathers who were known to be perpetrators of IPV. This was raised frequently as an issue by participants in both studies, with many of these participants stressing that their children also did not want contact with their father but that the children's views were also disregarded:

> 'They allowed him contact. Even though he's on the MARAC[xx] list, even though he has [multiple] non-molestation orders against him, and has threatened to kill me... They can hit women and be aggressive to women but they can still be "good daddies", that's the way they [social services] think. And they decide that without even talking to my child; they will not interview my child, they will not meet my child, and they will not even witness his contact with my child.'
> *(Interview, May 2016)*

There were some examples of good practice from social workers/social services given by the 12 participants (of 33; 36%) from the 2016 and 10 participants (of 36; 28%) from the 1992 study who described their social worker as helpful. This can be used can be used to inform social worker responses to IPV. Specifically, participants reported that they had positive experiences with social workers when their social worker built relationships with them and endeavoured to help them protect their children rather than focusing only on children, with two participants further stating that their social worker had supported them to repair bonds with their children which their violent partner had weakened (e.g. by turning their children against them). In general, there was a view that social workers were helpful when they were empathetic towards the woman as a victim of violence, and did not victim blame:

> '[My social worker] believed me…[My husband] would play Mr. Charming and say I was a bad mother and this and that, but she always said she knew better, that she could see him for what he was….I think she understood how difficult it was for me, that I needed help too'.
> *(Interview, April 2017)*

In addition to this, a small number of participants gave positive examples about how their social worker had helped them to access education courses, parenting courses, and supported them through custody proceedings.

Finally, participants also gave some suggestions for how social worker responses to IPV could be improved, which include the provision of more training for social workers and in particular more training on how best social workers can support both victims of IPV and their children; increasing social worker focus on the perpetrator and on holding them to account for their actions because participants felt the sole focus on the woman essentially disregarded the actions of the perpetrator; the development of guidelines/codes of practice for social workers to ensure a consistent response to IPV; and social workers taking a victim-centred approach which would support victims of violence and empower them to be good parents.

Social worker insights

> Social workers spoke of the high volume of cases of IPV that they encounter, estimating that at least three quarters of all cases they encounter involve IPV in some capacity.

Social workers spoke of the high volume of cases of IPV that they encounter, estimating that at least three quarters of all cases they encounter involve IPV in some capacity. They spoke of some positive changes in relation to IPV in recent decades, and crucially the development of IPV-specific policies and guidelines which the 1992 study noted were absent. They also spoke of increased pre-vocational and in-service training for social workers on IPV. However, social workers also reported in interviews that cases which would have been responded to twenty years ago are now no longer reaching the threshold required for the allocation of a social worker. There was a view that this reflects the austerity agenda inflicted by the government on social services, as well as a massive uptick in number of referrals on child protection:

> 'It is a massive scourge and is part of our core business, but due to demand and a reduced budget, the risk is becoming higher.'
> *(Interview with social workers, May 2016)*

Social workers reported that they were overwhelmed by the number of referrals for IPV, could not handle caseloads, and that they often felt 'helpless' to assist victims of IPV. Social workers noted the value of early intervention in cases of IPV, which helps to diminish the mother's fear of social workers focusing solely on child protection issues. However, initiatives that have been developed in partnership with Women's Aid, which enabled women to undertake the Journey to Freedom programme offered by the organisation[xxi] at a much earlier stage, have recently been cut due to budget constraints. In addition to this, social workers also noted the lack of resources to accompany the recent government strategy on 'Stopping Domestic and Sexual Violence and Abuse in Northern Ireland' (see Department of Justice, 2015) and referred to the delay in the introduction of Independent Domestic Violence Advisors[xxii] (IDVAs) in Northern Ireland and the lack of funding to sustain the Probation Board's programmes for perpetrators despite the increasing need identified for such programmes by social workers.

Police

> A common feature of the 1992 study was that police sided with perpetrators.

The most observed change in professional responses to IPV between the studies is for the police, with the proportion of participants describing the police as 'helpful' increasing by 37% between the studies from 9/35 (26%) in 1992 to 25/40 (63%) in 2016, and perhaps more telling, the proportion of participants describing the police as 'not helpful' decreasing by 44% from 26/35 (74%) in 1992 to 12/40 (30%) in 2016. These changes are reflected strongly in the often very positive descriptions of experiences with police given by participants in the 2016 study:

> 'I had a lovely police officer, he was really nice. They [police] came out right away and then came [back] the next day and took photographs...and put out a warrant for him... I'd give them [police] ten out of ten'.
> *(Interview, April 2016)*

> 'I actually think they [police] were really on top of things....[Giving a statement] even wasn't daunting; you felt quite at ease because you were with people that you trusted – you felt safe with them.'
> *(Interview, March 2016)*

In explaining the low level of satisfaction with police in the 1992 study, a common feature of the 1992 study was that police sided with perpetrators, minimised violence, and/or refused to intervene in what they often referred to as 'domestics' (McWilliams & McKiernan, 1993: 93).

Moreover, trust in the police was found to be particularly low among participants from Catholic, nationalist/republican communities who tended to view the police as a source of harassment rather than as a source of protection, and where contacting or involving the police in some way could itself attract a violent response from non-state armed opposition groups (see McWilliams and McKiernan 1993: 56). This was directly related to the composition of the police force (the RUC) at that time, which was composed of officers from an almost exclusively Protestant background (more than 92%), alongside the ongoing violent conflict. This issue of distrust of police in relation to IPV, which was a key finding of the 1992 study, was not raised by any participants (including participants from Catholic, nationalist/republican communities) in the 2016 (post-conflict) study and points to the successful post-conflict reforms recommended by the Patten Commission following the 1998 peace agreement[xxiii].

In addition to changes in appraisals of policing between the studies, significant change is also evident in terms of how the police respond to IPV incidents. For the 2016 study, most participants who had contacted the police reported that the police took official action, either by arresting the perpetrator (in 14/40 cases; 35%) or issuing them with an official caution (13/40 cases; 33%), while other participants reported that the police were helpful in other ways (e.g. bringing them to a place of safety). In the 1992 study, few participants reported that the police took official action, with only three reports (out of 35 respondents; 9%) stating that the police arrested the perpetrator and three (also 9%) reporting that they issued an official caution. Between the two studies, this represents an increase of 26% in reports of arrest and an increase of 24% in the use of official cautions. Reports of 'no action' were commonplace in 1992[xxiv], with several participants reporting that they waited 'all night' for police to respond (McWilliams and McKiernan, 1993: 92).

> “Significant change is also evident in terms of how the police respond to IPV incidents.”

While the reports of ‘no action’ in the 1992 study came from participants from different localities, they were most common for participants living in ‘minority’ nationalist/republican communities. During the conflict, the reluctance and delay in police response was due to bogus domestic violence calls being used by republican paramilitary groups to lure police officers into these areas with a view to attacking them, making officers reluctant to respond. Previously, the police had to be accompanied by the army when entering such areas making reporting, and responses, even more onerous. By the time of the 2016 study, the ‘no go’ areas, previously regarded as ‘off limits’ to police, had mostly disappeared which, in turn, meant that no participant reported that the police failed to respond or arrive when called and that most participants reported that the police were prompt in their response. Moreover, the prolonged and fairly successful ceasefire of most republican groups made police response notably safer. This is a significant change and reflects the outworking of the transition from violent conflict for victims of IPV.

However, while the 2016 results underscore a notable improvement in policing response to IPV, there were still some negative (12/40; 30%) and mixed (3; 8%) appraisals of police responses. The results show that these typically concerned negative experiences with individual police officers who were perceived to be under-trained and lacking empathy, and/or poor police response to situations involving psychological violence:

> '[This example] sticks with me; in my gut…This [junior officer] was asking me "did he [perpetrator] ever harm his pet?" [and] he actually looked at the other [officer] and he laughed. He laughed. And I wanted to say "He battered the shit out of his poor dog" but I didn't say it because I was too embarrassed 'cause they were laughing. When I mentioned this to my support worker afterwards she said that him doing that [the perpetrator beating the dog] was a sign I was at risk.'
> *(Interview, May 2016)*

> 'unless they [perpetrator] draw blood, nothing [from the police] is going to happen'.
> *(Interview, May 2016)*

These extracts draw attention to wider concerns regarding how weak responses by police (and other service providers) to IPV can prevent victims from disclosing important information, while the latter finding shows how police officers, while helpful and reactive to physical violence, can be quite dismissive of incidents involving psychological violence. Indeed, only four participants in the 2016 study reported that the police took no official action once on the scene. In each of these cases, the participants highlighted that these were situations involving psychological violence only. In this regard, the findings also draw attention to the value of an understanding of IPV that incorporates coercive and controlling behaviour related to threats of harassment and psychological abuse at a policy and public level, because this removes the focus solely on physical violence and incorporates the psychological violence which underpins IPV.

> “Weak responses by police to IPV can prevent victims from disclosing important information.”

Participants gave two key suggestions for how police responses to IPV could be improved. First, police should be provided with more training on psychological IPV, which participants felt would encourage police to adopt an understanding of and approach to IPV that incorporates controlling behaviour and psychological violence equally alongside physical violence:

> ‘[The] police really do need to understand the significance that it’s not all about the physical… so that you don’t need [to have] blood running out of you or physical scars if they come to the house for them to take him or do [something]’.
> *(Interview, April 2016)*

Second, participants called for better enforcement of protection orders; with many of the participants who had taken orders reporting that they had been broken without significant repercussions for the perpetrator:

> ‘When they (perpetrator) breech orders, they have to get prosecuted [for it]. It can’t be just “awk it’s not serious enough” or “he doesn’t appear aggressive enough”. If I have an order, I have it for a reason. You can’t expect women to leave violent relationships knowing that he can still follow her and not be lifted’.
> *(Interview, May 2016)*

Police insights

Police officers were aware that they had to remain vigilant in certain areas where policing is still restricted due to threats to their safety from dissident republican groups who remain active there, but they also highlighted the changes that have taken place over the last two decades particularly in relation to community confidence in police response to IPV. Other changes referred to were the availability of photographic evidence collected at the scene by police officers, the increase in electronic information available to officers before attendance at an incident, and the introduction of a pro-arrest policy. Police officers also emphasised the benefits of specialist training which is now offered to officers tasked with high-risk domestic violence cases and criminal investigations, and stated that further training is also expected on the introduction of domestic violence protection orders, domestic violence disclosure schemes, and on coercive control in line with legislative/policy changes which were expected to be introduced in Northern Ireland, but have not yet done (end of 2017). The delay to the introduction of beneficial changes proposed by the new legislation was commented on by a range of professionals. Police officers spoke specifically about how the changes have been evaluated as helping to improve practice on/responses to domestic violence in England and Wales, and how their absence in Northern Ireland means that Northern Ireland is falling behind Great Britain in relation to best practice on addressing IPV.

Conclusion

> The research shows the seriousness and long term consequences of IPV both for women and their children.

The research reported on here acknowledges that IPV is a global phenomenon but it takes on specific modalities in each cultural and geo-political setting as is the case of Northern Ireland. In policy terms, what this research shows is that the multi-dimensional nature of IPV in Northern Ireland needs to be better understood. In using a longitudinal approach with data from two separate periods – one during and the other post-conflict – the research shows the seriousness and long term consequences of IPV, both for women and their children, and the extent of power and control that is exercised over their lives. The interviews draw attention to the severity of IPV; participants had been raped and had their lives threatened, pregnant women had been beaten, others had suffered miscarriages, had limbs broken, and had serious injuries inflicted on them.

As in 1992, it is also the case in 2016 that participants in the study saw no alternative to this violence except by attempting to end their own lives. Most participants reported experiencing depression, other mental health problems, loss of self-esteem, and social isolation as a result of IPV, and the impact of this on the capacity of these individuals to engage in society was profound. These findings have implications for policy across a range of areas including, but not limited to: gender equality and the advancement of women's participation in economic, political and educational life; public expenditure on help provision; and in conflict/post-conflict societies, the realisation of United Nations Security Council Resolutions (1325,1820 et al.) on Women, Peace and Security, and specifically measures to involve women in conflict prevention and resolution processes, and to protect women from gender-based violence.

> Victims of IPV are not passive and once decisions are made to leave the relationship, ways have to be found to enable them to do so.

However, while the research reveals the extreme and often debilitating effect of IPV, it also shows that victims of IPV are not passive and once decisions are made to leave the relationship, ways have to be found to enable them to do so. The comparative findings show how good practice responses have been developed over the last two decades, particularly in relation to policing. In the first study (1992), policing IPV during a violent conflict was very different to policing in 2016. As detailed in Sections Three and Four, there were barriers to reporting of IPV by victims, particularly in areas where paramilitaries had control and although police officers still have to remain vigilant in responding to IPV incidents in certain districts, the notion of a 'no go' area has disappeared. Alongside this, there has been a change in police attitudes to IPV and in policing policy and practice between the study periods, with an observed shift from misplaced beliefs and stereotypes about victims of IPV underscored by a general lack of knowledge about IPV, to a mostly competent criminal justice response.

Other changes observed between the study periods are in the reduced availability of legal/illegal firearms, and in the diminished impact and power of paramilitary groups in relation to IPV, although both issues do still remain for some victims even in the post-conflict environment. While several factors such as procedural, legislative and structural reforms aimed at improving criminal justice responses to IPV and wider global and local shifts in societal attitudes towards IPV, the end of a conflict and crucially the reforms (institutional, legislative etc.) as part of the new political settlement also provide a unique opportunity to positively transform a society. For Northern Ireland, the introduction of a more representative police service[xxv] as part of the peace agreement, and the disarmament and demobilisation processes that have occurred, have each been pivotal in transforming experiences of and responses to IPV.

Where change has not occurred to the same extent is in the responses of other statutory services, and in the prevalence and influence of conservative societal attitudes towards victims of IPV. While there was a high level of contact between women in the study and GPs and social services, there was also a low level of helpfulness reported for these groups, which was proportionally similar between the studies. The lack of knowledge to identify and address IPV was particularly apparent in the case of GPs. For social workers, the focus of intervention predominantly on child protection was seen to make mothers reticent to come forward sensing that their autonomy may be diminished as a result.

Concerning conservative and religious societal norms, these still function to prevent women from leaving violent relationships; this despite aforementioned shifts in global attitudes towards IPV and locally in legislation. Participants in the 2016 study still report being stigmatised as a result of IPV, and the emphasis on keeping abusive relationships private and 'keeping the family together' bore a great deal of weight on women's decision making. Societal attitudes which tolerate and support (rather than condemn) IPV also need to be challenged using education, the media and public commentary. The research points to the need to ensure consistency of good practice amongst service providers, alongside the maintenance of dignity when offering a response to vulnerable women and their children. Given the seriousness and the urgency of the problem as detailed by this research, what is needed is a transformation in attitudes, policies and systems by all concerned with the issue. Since the research was first conducted in 1992, there has been a peace agreement in Northern Ireland, but the study highlights that without a willingness to engage in this transformative agenda, the kind of change that the political settlement promises will be more difficult to deliver.

Annex

Table 1:

Reports of Incidents of domestic violence for Northern Ireland 2004- 2017

Year	Number of reported incidents
2016/17	29,166
2015/16	28,392
2014/15	28,287
2013/14	27,628
2012/13	27,190
2011/12	25,196
2010/11	22,685
2009/10	24,482
2008/09	23,591
2007/08	23,076
2006/07	23,456
2005/06	23,059
2004/05	20,959

Source: Police Service of Northern Ireland (PSNI, 2017a).

Table 2:

Overview of participants in 2016 study[xxvi]

Participant information (# of 63)

From	Age group	Religious background
Northern Ireland (47)	18-29 years (14)	Catholic (28/63)
Irish Travellers (4)	30-39 (12)	Protestant (24/63)
England (4)	40-49 (19)	Mixed Catholic-Protestant (3)
Eastern Europe (3)	50-59 (11)	Muslim (2)
Middle East North Africa (2)	60-69 (11)	Other unlisted[xxvii] (4)
Asia (1)	70+ (1)	Baptist (1)
		Methodist (1)

Table 3:
When violence started, 2016 and 1992 studies

When violence started	2016 study		1992 study	
Start of/early in relationship	12/63	19%	26/46	57%
After marriage/moving in together	22/63	35%	10/46	22%
First pregnancy or birth	25/63	40%	8/46	17%
Late in relationship	4/63	6%	4/46	9%

Table 4:
Length of time in an IPV relationship, 2016 and 1992 studies

Length of time in violent relationship	2016 study		1992 study	
1-5 years	23/63	37%	19/46	41%
6-10 years	8/63	13%	15/46	33%
11-15 years	6/63	10%	4/46	9%
16-20 years	3/63	5%	6/46	13%
+20 years	23/63	37%	2/46	4%

Table 5:

Reason for remaining in an IPV relationship, 2016 and 1992 studies

Reason for remaining in violent relationship	2016 study		1992 study	
Reliance on partner	19/63	30%	8/56	14%
Concern for children	17/63	27%	16/56	29%
Feeling of shame, self-blame	11/63	17%	18/56	32%
Fear of family reaction	3/63	5%	7/56	13%
Fear of partner	12/63	19%	13/56	23%
Did not recognise it as IPV	8/63	13%	0/56	0%
Feelings for partner	4/63	6%	3/56	5%
Attitudes to marriage	5/63	8%	7/56	13%
Learned to live with it	2/63	4%	3/56	5%

Table 6:

Participant engagement with service providers, 2016 and 1992 studies

Group	Proportion of 2016 who had contact with group		Proportion of 1992 who had contact with group	
	No.	%	No.	%
General Practitioner (Doctor)	52/63	83%	30/56	22%
Solicitor	45/63	72%	Not recorded	
Police	40/63	63%	35/56	63%
Social worker	33/63	52%	36/56	64%
Housing Executive	32/63	51%	36/56	64%
Health visitors	32/63	51%	25/56	45%
Jobs & benefits (social security)	24/63	38%	Not recorded	
Accident & Emergency	19/63	30%	22/56	39%
Community Psychiatric Nurse	17/63	27%	5/56	9%
Public Prosecution Service	13/63	21%	Not recorded	
Political representatives	2/63	3%	5/56	9%
Probation	0/63	0%	2/56	4%
Army Welfare	0/63	0%	2/56	4%

Table 7:

Participant appraisal of service provider responses to IPV, 2016 and 1992

Agency	2016 study				1992 study			
	Helpful		Not helpful		Helpful		Not helpful	
	No.	%	No.	%	No.	%	No.	%
GP	16/48 [xxviii]	33%	32/48	67%	9/30	30%	21/30	70%
Solicitor	33/45	73%	12/45	27%	N/A			
Police	25/40 [xxix]	63%	12/40	30%	9/35	26%	26/35	74%
Social Worker	12/33	36%	21/33	64%	10/36	28%	26/36	72%
Housing Executive	23/32	72%	9/32	28%	15/36	42%	21/36	58%
Health visitor	11/32	34%	21/32	66%	4/25	16%	21/36	84%
Accident & Emergency	6/19	32%	13/19	68%	5/22	23%	17/19	77%
CPN	13/17	76%	4/17	24%	2/5	40%	3/5	60%
PPS	5/13	38%	8/13	62%	N/A			
Political representatives	2/2	100%	0/2	0%	4/5	80%	1/5	20%
Probation	0/0				0/2	0%	2/2	100%
Army Welfare	0/0				0/2	0%	2/2	100%

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[i] Research carried out by UNICEF (2000) in both industrialised and developing countries from across six global regions (Africa, Asia and the Pacific, Europe/CIS and Baltic state, Middle East, North America, and Latin America and the Caribbean) found that between 20 and 50 percent of women had experienced violence from their intimate partners.

[ii] For instance through direct exclusion where a perpetrator prohibits/prevents a victims from working and socialising outside of the home, or/and as a more indirect outcome of negative physical and psychological effects associated with IPV.

[iii] Although the terms IPV and domestic violence are often used interchangeably in the literature, domestic violence more accurately refers to violence which is perpetrated by either an intimate partner or other family member while IPV refers only to violence committed by intimate partners.

[iv] Although the PSNI was formed in 2001, domestic violence statistics in the current format were not made available by the PSNI's statistics branch until 2004.

[v] Only women were included in the sample, a decision taken to ensure methodological consistency and thus comparability with the 1992 study which had a women-only sample, and on the basis of research findings that most violence in relationships is from men to women.

[vi] For ethical reasons no women/girls under the age of 18 were interviewed.

[vii] Ensuring the provision of qualified emotional and practical support for participants was a high priority throughout the research and the research gained full ethnical approval from the University ethics committee.

[viii] A comparable table does not exist for the 1992 study.

[ix] Gaps between what interviewees say takes place in the interview setting, and what actually happens in reality are a well-known limitation of qualitative interviews (see Dunn, 2007) so it was important to take steps to overcome this.

[x] Not all participants answered this question in the 1992 study.

[xi] Reliance could be financial such as where a victim lacks sufficient funds to live independently, physical such as where a victim has physical health problems/disabilities and requires assistance with day-to-day living, and/or owing to immigrant status such as where a victim's visa status is reliant on their partner.

[xii] That almost one quarter of participants in the 2016 study had been choked by a violent partner is a particularly troubling finding as choking is a noted risk factor for femicide (Glass et al., 2008).

[xiii] Of the remaining 30 participants in the 2016 study, eight (13%) described themselves as living comfortably on their present income and 22 (35%) said they were able to manage on their present income.

[xiv] Utmost care was given when selecting and editing extracts to remove any sensitive information. For this reason, no extracts have been included in this report which relate to physical and sexual violence experienced by children.

[xv] Including Finland (Ministry of Social Affairs and Health, 2011), Iceland (Minister of Welfare, 2012), Norway (Royal Norwegian Ministry of Justice and Public Security, 2012), and Sweden (Government Offices of Sweden, 2017).

[xvi] Figures are from 53 rather than 63 throughout this section as 10 participants had partners/ex-partners from outside of Northern Ireland and/or had resided in Northern Ireland for only a short period of time and thus did not consider Northern Ireland specific issues relevant for their case.

[xvii] Prevalence was not recorded in the 1992 study, although it was raised as an issue.

[xviii] From 105,000 near the start of the conflict in 1973, to almost 139,000 by the time the Belfast agreement was signed in 1998 (Irish Times, 1998).

[xix] The Patten Commission was established following the peace agreement and recommended a series of reforms to policing. The introduction of quotas for Catholic recruits led to a change in the make-up of policing with 68% and 32% of officers coming from Protestant and Catholic backgrounds in 2016 (PSNI, 2016; CAIN, 2004).

[xx] Refers to a list compiled at a multi-agency (statutory and voluntary sector) meeting which identifies and shares information on the highest risk cases of IPV.

[xxi] See https://www.womensaidni.org/get-help/local-groups/journey-to-freedom/

[xxii] Specialist caseworkers who work with high-risk victims of domestic abuse, those most at risk of homicide or serious harm.

[xxiii] The Patten Commission was established following the peace agreement and recommended a series of reforms to policing. The introduction of quotas for Catholic recruits led to a change in the make-up of policing with 68% and 32% of officers coming from Protestant and Catholic backgrounds in 2016 (see PSNI, 2016; CAIN, 2004).

[xxiv] The prevalence of this issue among study participant was not recorded in the 1992 study.

[xxv] Around 68% and 32% of officers were from Protestant and Catholic backgrounds in 2016 (PSNI, 2016; CAIN, 2004).

[xxvi] Limited information is shown here as the small population of Northern Ireland make it impossible to provide more specific details on participants without risking their anonymity and thus safety, a high priority for the research.

[xxvii] This is listed as 'other' as it refers to single participants who are from religious backgrounds with a very low representation in Northern Ireland and therefore providing the religious background of these participants may jeopardise their anonymity.

[xxviii] Four participants said they felt their GP could not have done anything to help and so could not appraise them. Therefore these figures are from 48.

[xxix] Three participants gave 'mixed' reports on the police whereby one officer was 'helpful' while another was 'not helpful', or the police were 'helpful' on one occasion and 'not helpful' on another.

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PSRP is funded by the Department for International Development (DFID), UK